

YMCA of Burlington and Camden Counties
BCY SJAC/Membership Application

Financial Assistance is available for those who can demonstrate need
Please ask for application at the front desk of the Burlington County YMCA

Member Information (Please list all that are applicable)

Mother/Father/Guardian's name _____

Street: _____

City: _____ State: _____ Zip: _____

Home #:() _____ - _____ Cell#:() _____ - _____

Home #:() _____ - _____ Cell#:() _____ - _____

Email: _____ (Please write clearly!!!!!!!)

Email: _____ (Please write clearly!!!!!!!)

Employer _____ Employer _____

Parent Volunteers (must circle one)

Timer/Official Banquet Clothing Fund Raising Parent Comm.

Fill out this section only if different from above!

Member Information (Please list all that are applicable)

Mother/Father/Guardian's name _____

Street: _____

City: _____ State: _____ Zip: _____

Home #:() _____ - _____ Cell#:() _____ - _____

Home #:() _____ - _____ Cell#:() _____ - _____

Email: _____ (Please write clearly!!!!!!!)

Email: _____ (Please write clearly!!!!!!!)

Employer _____ Employer _____

SWIMMER INFORMATION
PLEASE REGISTER FOR ONE GROUP AND CIRCLE

BRONZE SILVER GOLD GOLD Select PLAT

My child is.....a girl a boy

My child is.....a new swimmer a returning swimmer

My child is.....the child of a YMCA adult member a YMCA family member

T-Shirt Size YL (14-16) AS AM AL AXL

Name (Last)_____ (first)_____ (middle)_____

Address(if different)_____ City_____ Zip_____

Birth Date MONTH _____ DAY _____ YEAR _____

School _____ Grade _____

Summer Swim Team _____ Previous Winter Team (if any) _____

2nd Child

PLEASE REGISTER FOR ONE GROUP AND CIRCLE

BRONZE SILVER GOLD GOLD Select PLAT

My child is.....a girl a boy

My child is.....a new swimmer a returning swimmer

My child is.....the child of a YMCA adult member a YMCA family member

T-Shirt Size YL (14-16) AS AM AL AXL

Name (Last)_____ (first)_____ (middle)_____

Birth Date MONTH _____ DAY _____ YEAR _____

School _____ Grade _____

3rd Child

PLEASE REGISTER FOR ONE GROUP AND CIRCLE

BRONZE SILVER GOLD GOLD Select PLAT

My child is.....a girl a boy

My child is.....a new swimmer a returning swimmer

My child is.....the child of a YMCA adult member a YMCA family member

T-Shirt Size YL (14-16) AS AM AL AXL

Name (Last)_____ (first)_____ (middle)_____

Birth Date MONTH_____ DAY_____ YEAR_____

School_____ Grade _____

HEALTH INFORMATION FOR SWIMMERS

Emergency care information

Name of child's doctor_____ Office phone _____

Emergency Contact:

Name_____ Relationship_____ Phone _____

Allergies (type)_____ Medication(type)_____

Other information_____

AGREEMENT AND RELEASE OF LIABILITY FOR BURLINGTON YMCA

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA of Burlington and Camden Counties and to use its facilities, equipment, and machinery in addition in the payment of any fee or charge. I do hereby waive, release and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA.

Please initial _____

2. I understand and am aware that strength, flexibility and any type of aerobic exercise including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

Please initial _____

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities and programs of the YMCA of Burlington and Camden Counties or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Please initial _____

4. It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all YMCA activities. The YMCA does not provide accident or health coverage for its participants.

Please initial _____

Signature: _____ **Date:** _____
(if member is a minor, parent or guardian signature required.)

PAYMENT OPTIONS

Team fees include: USA registration fees, T-shirt and Cap. If you would like a individual swimmer membership, single parent membership or a Full YMCA membership please see the front desk at the Burlington County YMCA Mt. Laurel Branch which will include your Boys and Girls Club membership.

Please CIRCLE one payment option under ‘Non-refundable Deposit’ and one option under ‘Balance of Payment’. This ‘Payment Confirmation’ indicates how you wish to pay for the 2011-2012 season.

You **MUST** use one of the following forms of payment. No other forms of payment will be accepted. Please make checks payable to the YMCA of Burlington and Camden Counties with BCY-SJAC in the memo line.

NON-REFUNDABLE DEPOSIT

- 1. Enclosed is a check for \$450 for Team Deposit and Membership
- 2. Please deduct \$450 from my credit card for Team Deposit and Membership

BALANCE OF PAYMENT

- 1. I will submit a check for the remaining balance of my team fee by September 10, 2011.
- 2. Please deduct the entire team fee (minus the deposit) from my credit card on September 10, 2011.
- 3. Please deduct ¼ of the team fee (minus the deposit) from my credit card on September 10, 2011 and deduct the remaining balance from my card on October 10, 2011, November 10, 2011, and December 10, 2011.

Please be sure your credit card is valid through December 10, 2011

(Please circle one)

Master Card Visa Discover American Express

Credit Card # _____ Exp Date _____

Name on Card _____

Signature _____

Year Round Pricing and 10% discount for 2nd, 3rd, 4thswimmers.

Groups	Fees	Deposit	Balance	Sept 10	Oct 10	Nov 10	Dec 10
Plat	\$1600	\$450	\$1,150	\$287.50	\$287.50	\$287.50	\$287.50
Plat 10%	\$1440	\$450	\$990	\$247.50	\$247.50	\$247.50	\$247.50
Gold s.	\$1375	\$450	\$925	\$231.25	\$231.25	\$231.25	\$231.25
Gold s. 10%	\$1237.50	\$450	\$787.5	\$196.88	\$196.88	\$196.88	\$196.88
Gold	\$1200	\$450	\$750	\$187.50	\$187.50	\$187.50	\$187.50
Gold 10%	\$1080	\$450	\$630	\$157.50	\$157.50	\$157.50	\$157.50
Silver	\$975	\$450	\$525	\$131.25	\$131.25	\$131.25	\$131.25
Silver 10%	\$877.50	\$450	\$427.50	\$106.88	\$106.88	\$106.88	\$106.88
Bronze	\$850	\$450	\$400	\$100	\$100	\$100	\$100
Bronze 10%	\$765	\$450	\$315	\$78.75	\$78.75	\$78.25	\$78.25
Membership (see front desk)	\$300 individual member. (add \$25 a month for bank draft)	\$780 single parent member. (add \$65 a month for bank draft)	\$900 full family member. (add \$75 a month for bank draft)				

September 5 – May 31 Pricing and 10% discount for 2nd, 3rd, 4thswimmers.

Groups	Fees	Deposit	Balance	Sept 10	Oct 10	Nov 10	Dec 10
Gold s.	\$1200	\$450	\$750	\$187.50	\$187.50	\$187.50	\$187.50
Gold s. 10%	\$1080	\$450	\$630	\$157.50	\$157.50	\$157.50	\$157.50
Gold	\$1050	\$450	\$600	\$150	\$150	\$150	\$150
Gold 10%	\$945	\$450	\$495	\$123.75	\$123.75	\$123.75	\$123.75
Silver	\$850	\$450	\$400	\$100	\$100	\$100	\$100
Silver 10%	\$765	\$450	\$315	\$78.75	\$78.75	\$78.75	\$78.75
Bronze	\$750	\$450	\$300	\$75	\$75	\$75	\$75
Bronze 10%	\$675	\$450	\$225	\$56.25	\$56.25	\$56.25	\$56.25
Membership (see front desk)	\$300 individual member. (add \$25 a month for bank draft)	\$780 single parent member. (add \$65 a month for bank draft)	\$900 full family member. (add \$75 a month for bank draft)				