



Greater Holyoke YMCA Vikings
Fall/Winter 2025-2026



Registration begins Friday August 22nd 2025

- For YMCA Membership or to reactivate YMCA Membership, upgrade online at www.holyokeymca.org or visit the Front Desk.

Family Last Name: _____

Registration Plan

| Developmental 1 | Developmental 2 | Age Group 1 | Age Group 2 | Age Group Select | Senior 1 | Senior 2 |
|------------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------|---------------------------------|
| \$595 season \$85 monthly | \$665 season \$95 monthly | \$770 season \$110 monthly | \$910 season \$130 monthly | \$945 season \$135 monthly | \$1,120 season \$160 monthly | \$1,120 season \$160 monthly |

1st Swimmer Name: _____ Fee: \$ _____

2nd Swimmer Name: _____ Fee: \$ _____

3rd Swimmer Name: _____ Fee: \$ _____

4th Swimmer Name: _____ Fee: \$ _____

TOTAL FEE: \$ _____
Payment at Registration: \$ _____
Balance Due: \$ _____

Payment options are paid in full at registration, or down payment at registration plus 6 monthly installments to be drafted on the 15th of October through March.

- Senior 2 begins Monday August 25th
- Senior 1 begins Tuesday September 2nd
- Age Group 1, Age Group 2, and Age Group Select begins Monday September 8th
- Developmental 1 and Developmental 2 begins Monday September 15th

The season will run to Friday March 20th 2026.



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Personal Information

Swimmer Name: _____/_____/_____

First

Middle (Full)

Last

Home Phone: (____) - ____ - _____

Cell Phone: (____) - ____ - _____

Address: _____ Town: _____ State: _____ Zip Code: _____

Birth Date: ____/____/____

Sex (M/F): ____

U.S. Citizen (Y/N): ____

Dual Citizen (Y/N): ____

Parent 1: _____

Work Phone: (____) - ____ - _____

Cell Phone: (____) - ____ - _____

Parent 2: _____

Work Phone: (____) - ____ - _____

Cell Phone: (____) - ____ - _____

2nd Swimmer Name: _____/_____/_____

First

Middle (Full)

Last

Birth Date: ____/____/____

Sex (M/F): ____

U.S. Citizen (Y/N): ____

Dual Citizen (Y/N): ____

3rd Swimmer Name: _____/_____/_____

First

Middle (Full)

Last

Birth Date: ____/____/____

Sex (M/F): ____

U.S. Citizen (Y/N): ____

Dual Citizen (Y/N): ____

4th Swimmer Name: _____/_____/_____

First

Middle (Full)

Last

Birth Date: ____/____/____

Sex (M/F): ____

U.S. Citizen (Y/N): ____

Dual Citizen (Y/N): ____

Please write a PRIMARY email address, which can be used for communication to the entire family!
(REQUIRED)

____@_____

Please list any additional email addresses you would like to receive Team Communication:

1. _____@_____

2. _____@_____

3. _____@_____



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Medical Form

- This document is for one swimmer only.

First Name: _____ Middle Initial: _____ Last Name: _____

EMERGENCY INFORMATION

Parent/Guardian Name: _____ Home Phone: _____

Parent Place of Employment: _____ Phone: _____

If not available in the event of an emergency, please notify:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

HEALTH RECCOMEDATIONS AND RESTRICTIONS

Special Diet: _____ Special Medicine: _____

Will your child have medication with them at training or competitions? Circle (YES/NO)

Any activity restrictions the coaching staff should be aware of? _____

HEALTH HISTORY

Circle

- Ear Infections? (YES/NO)
- Skin Conditions? (YES/NO)
- Allergies? (YES/NO)

(If Yes) Type of Allergies: _____

- Operations or Serious Injuries? Circle (YES/NO) If Yes Please Explain:

- Chronic/Re-Occurring Illness, If Any:

PARENT AUTHORIZATION

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Greater Holyoke YMCA staff person in charge to hospitalize, secure proper treatment for, and to order anesthesia or surgery for my child as named on this document.

Signature Parent/Guardian

Date



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Program Fee Bank Draft Application

_____/_____/_____/_____/_____/_____
First Name MI Last Name Birth Date

_____/_____/_____/_____/_____/_____
Address City State Zip Code

(____) - ____ - ____ (____) - ____ - ____
Home Phone Work Phone

Name of Swimmers on Draft

| Name | M/F | Group | Amount Per Draft |
|------|-----|-------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Amount of Down Payment: \$ _____

Balance to Draft: \$ _____

Number of Drafts:

☐ Pay in full at registration.

Amount: \$ _____

☐ Down payment at registration plus 6 draft dates the 15th of October through March.

Amount: \$ _____

If Other, please explain how you would like payment set up:

Monthly Draft Payment Information and Authorization

I _____ hereby authorize the Greater Holyoke YMCA to charge my
() Checking () Savings Account () Credit Card → Credit Card #: _____
Card Type: _____
EXP Date: _____

at the bank for my monthly YMCA swim team payments (amount above). I understand that my monthly dues will be charged to my account on the 15th of the month.

AUTHORIZATION SIGNATURE: _____ DATE: _____

PLEASE ATTACH A VOIDED CHECK OR BANK DEPOSIT SLIP HERE