



Greensboro Community YMCA (GCY) Swim Team Registration Form - 2025-2026

CONTACT INFORMATION

Mother's name _____ Father's name _____
Cell phone # _____ Cell phone # _____
Home phone # _____ Home phone # _____
Home Mailing Address _____
Log-in E-mail address (required) _____
Additional E-mail address(es) _____
Cell Phone for text messages _____ Wireless Carrier _____
May we include you in our team directory? Y N

EMERGENCY CONTACT

Name _____ Relationship _____ Phone # _____

(Note: Not all groups available at all sites)

SWIMMER INFORMATION

Last Name _____ First _____ Middle Initial (required) _____
Date of Birth: ____/____/____ Age: _____ Gender: _____ Grade: _____ Preferred Name _____
T-shirt size: YM / YL / S / M / L / XL / 2XL

GCY Competitive Swimmer Status (circle) New Returning Transfer (from what USA club? _____)

GCY Swimmer Level (circle)

Jr Makos (4-7)	Makos 1 (8&Under)	Makos 2 (7-12)	Homeschool (5-13)	MakosFit (12-18)	Age Group (7-11)	Sr Prep (10-13)	National (13-18)	Natl Prep (10-13)	Natl 1 (13-18)	Natl 2 (13-18)
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Practice site (circle) Bryan Eden GAC Hayes-Taylor Spears
For Jr Makos, Makos 1 & 2 please list desired practice days/start time _____

Last Name _____ First _____ Middle Initial (required) _____
Date of Birth: ____/____/____ Age: _____ Gender: _____ Grade: _____ Preferred Name _____
T-shirt size: YM / YL / S / M / L / XL / 2XL

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Release and Waiver of Legal Liability

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

This is important to you and/or any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:

- 1) **GENERAL RELEASE:** I hereby agree for myself and/or my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decide to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.
- 2) **ASSUMPTION OF RISK:** I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. You assume the risks: I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all of the risks.
- 3) **MEDICAL RELEASE:** I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA. A) I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.
- 4) **INSURANCE:** YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you.
- 5) **MEDIA RELEASE:** I consent to be photographed or videographed and to allow YMCA's use of any photos of me and/or my minor child at its sole discretion.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

Parent's Signature _____ Date: _____

Code of Conduct

I acknowledge that I have read the GCY Code of Conduct (available on the GCY web-site, www.gomotionapp.com/team/ncsgcy/page/home) and agree that my swimmers and I will abide by all of the rules and regulations stated therein.

Parent's Signature _____ Date: _____



Draft Agreement 2025-2026

Swimmer Name (s) _____

Please indicate type of account: ☐ Credit/Debit Card ☐ Checking/Savings Account (voided check)

I give authorization to the YMCA of Greensboro to automatically draft \$_____ per month for GCY Program Fees from my account. I have provided a voided check or a bank-issued statement indicating routing and account number from my checking or savings account, or had my credit or debit card entered into the system. It is my understanding that the draft will take place on the 1st of each month and cannot be changed from that date. I understand that my account will be drafted through May 1, 2026, for seasonal swimmers and through August 1, 2026, for all competitive swimmers unless I cancel before then with completion and submission of the GCY Swim Team Cancellation Form 15 days in advance of my next draft date. _____ (initials)

I also authorize the YMCA of Greensboro to automatically draft any meet fees incurred. I understand that my account will be drafted for meet fees through June 25, 2026, for seasonal swimmers and through August 25, 2026, for all competitive swimmers. _____ (initials)

Member's Agreement:

1. I understand that cancellation of the GCY Swim Team draft does not cancel my child's or family's YMCA membership; nor does cancellation of my YMCA membership cancel any GCY Swim Team drafts. _____ (initials)

2. **Seasonal Swimmers:** I understand that my account will be drafted through May 1, 2026, unless I cancel before then with completion and submission of the GCY Swim Team Cancellation Form 15 days prior to the next draft. If there is less than 15 days until the next draft, I accept that I will be drafted again. _____ (initials)

3. **Competitive Swimmers:** I understand that if my child(ren) swims at any site completing its practices earlier than August, 2026 (i.e., Spears YMCA) that it does not mean my draft will automatically stop. I understand my child is able to practice at other sites through the end of the full season in August, 2026 and that I will be drafted through August 1, 2026 unless I submit the GCY Swim Team Cancellation Form 15 days prior to the next draft per the above agreements. If there is less than 15 days until the next draft, I accept that I will be drafted again. _____ (initials)

4. I understand that a 15-DAY WRITTEN NOTICE is needed for any changes in account numbers. Errors or questions regarding the draft should be addressed to the GCY Swim Team Administrator as soon as possible. Any error must be identified NO MORE THAN 60 DAYS from the posted bank statement date. The YMCA of Greensboro DOES NOT accept responsibility for any errors if MORE THAN 60 DAYS have passed since the initial error. _____ (initials)

5. Should any monthly draft not be honored by my bank for any reason, I realize that I am responsible for that payment. _____ (initials)

Please note: if the person whose account is being drafted is not the YMCA member, it is understood that the account holder is responsible for the above agreement and conditions.

Account Holder Signature _____

Date _____

Swim Team Administrator Signature: _____

Date _____



YMCA Membership Agreement 2025-2026

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Swimmer Name (s) _____

I understand that as a member of a YMCA swim team, my child(ren) must maintain an active YMCA membership at any time the GCY membership is active. If my child(ren)'s membership lapses for any period during that time, I am responsible for any outstanding membership fees. _____ (initials)

Please note: if the person whose account is being drafted is not the YMCA member, it is understood that the account holder is responsible for the above agreement and conditions.

Account Holder Signature _____

Date _____

Swim Team Administrator Signature: _____

Date _____



Payment Authorization

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Swimmer(s) Name _____

☐ **Credit Card**

(beginning September 1, 2024, a 2.25% charge will be added to all credit card transactions)

Card Type (Circle One) Visa / Mastercard / American Express / Discover

Name (as it appears on card) _____ Zip Code _____

Credit Card Number _____ Exp. Date _____ CRV _____

Billing Information (only if different from swimmer's)

Street Address _____

City, State, Zip _____

Phone Number _____

☐ **Bank Account** Checking ☐ Savings ☐

Name (on account) _____

Account Number _____ Routing Number _____

Charges

Please charge the following to the above payment method:

_____ Registration Fee

_____ Monthly Draft Fees

_____ Other Fees (i.e., meet fees, travel, etc.)

Signature _____ Date _____

You may return the form by mail or in person to

GCY Swim Team
Attn: Cynthia Shannon
Bryan YMCA
501 West Market St.
Greensboro, NC 27401

Please contact the GCY Swim Team Administrator at 336-478-9631 or Cynthia.Shannon@ymcagreensboro.org with any questions.