

High School Contract 2010

The Rappahannock Area YMCA Swim Team, Inc. (RAYS) is a self-sustaining, parent run, 501-c3 non-profit organization. The RAYS Board of Directors is responsible for the financial soundness of the team. It is only through prudent management of our resources, and a clear understanding of the following financial obligations and procedures by each family, that the team will continue to provide a quality program for current and future swimmers.

High School Program: High School program runs from September 20, 2010 thru November 11, 2010 until High School swimming starts practices. They will also be allowed to practice during the Thanksgiving and Christmas holidays. The RAYS offer practice time Monday-Thursday for 1 hour each day.

YMCA Membership: All swimmers, regardless of practice facility, are required to be members of the YMCA. The YMCA phone number is (540) 371-YMCA. YMCA joining fees are waived for RAYS' families. All swimmers regardless of age are charged at the \$15 per month rate. Family rates are not discounted. You must register for the Y at the Y Branch front desk.

Payment: Cost of this program is \$200 per swimmer and payment in full must be received before your swimmer will be allowed to practice.

Fundraising: There is no fundraising requirement with this program.

Refunds: Once your swimmer attends practice, no refunds will be given.

Equipment: Swimmers are expected to have goggles. Caps may be purchased for \$4 for latex and \$12 for silicone. T-shirts may be purchased for \$15.

Meets: High school swimmers may participate in any meet that the RAYS attend while the program is ongoing.

Please send this signed and completed contract along with the attached medical form, liability release with your payment made out to RAYS to:

RAYS

P.O. Box 866

Stafford, VA 22555-0866

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<u>Swimmer (Last Name, First Name, MI)</u>	<u>Sex:</u> M or F	<u>Date of</u> <u>Birth</u>	<u>T-Shirt</u> <u>Size if</u> <u>wanted</u>	<u>Pool location</u> <u>Massad Y or</u> <u>Spotsy Y</u>	<u>Payment</u>
1 st					\$ 200
2 nd					\$
3 rd					\$
Cap (\$4 each for latex)					\$
Cap (\$12 each for silicone)					\$
T-shirt (\$15 each)					\$
TOTAL (due with contract)					\$

Your signature is an acknowledgement of your understanding of this entire document (4 pages) and of your commitment to adhere to the provisions established herein.

Parent's Signature _____

Name (print) _____

Parent's Email _____

Complete Address: _____

Phones: H: _____ W: _____ C: _____

How did you hear about the RAYS? _____

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ATHLETE'S MEDICAL REPORT

Name _____ Birth date _____

Street Address _____ Phone # _____

City _____ State _____ Zip code _____

Doctor _____ Phone # _____

Dentist _____ Phone # _____

Emergency Contact _____

Emergency Phone # _____

Medical Condition _____

Medication Name	Dosage amt.	Directions for use

Date of last medical exam: _____

Allergies: _____

I have and use and epi pen for reactions

I understand and accept that the risk of injury is possible while participating in athletic activities. I authorize the Rays Swim Team to seek medical attention for my child in the event of injury and act according to their best judgment in any emergency requiring medical attention. I agree to pay for all medical or dental expenses incurred as a result such treatment.

Signature (Parent/Guardian) _____ Date: _____

