

Sign-Up Today!

Stayton Manta Rays Swim Team

Co-ed Boys & Girls
18 years old and younger



Important Information

- **QUESTIONS:** Call Jeannette, 503-769-6840
- Participants should be able to swim 2 full lengths of pool without resting and preferably know 2 strokes.
- **Practices:**
M-W-F Time TBA
- **Swim Meets:** Saturday's ~ Parent Participation strongly encouraged and needed!
- Make checks payable to Santiam Family YMCA- Registrations will not be processed without payment.
- Swimsuit and goggles not provided in registration fee.
- Sign participant agreement on reverse side

Santiam Family YMCA
383 N 3rd Ave
Stayton, OR 97383
503-769-2963
mail@santiamymca.org
www.santiamymca.org

Manta Rays Swim Team
PO Box 641
Stayton, OR 97383

Submit Registration by mail or drop-off at the YMCA office.

\$105.00 Registration Fee Per Swimmer

*Includes 12 weeks of instruction and a pass to the pool that can be used any time during the session.

Additional Meet Fees:
Payable to the Manta Rays—will be collected by the coach once schedule is set.

Thanks to Local YMCA Partners with Youth Donors, financial assistance is available for all those who qualify

Santiam Family YMCA Swim Team Registration Form

Participant's First Name				Middle	Last	Date of Birth	Note any special requests, information on recent illness, physical problems etc.
Address							
City, State, Zip							
Phone No.							
e-mail Address (print in all capital letters)							
Age	Grade		School				<p>Session Registering For:</p> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Parent(s)/Guardian(s)							
Home Phone	Work Phone		Cell Phone				
Emergency Contact(s)					Phone No.		
Doctor					Phone No.		
Preferred Hospital							
<input type="checkbox"/> YES I would like to make an additional donation to help sponsor a child to participate in YMCA youth sports! Any amount is appreciated! \$ _____							
<p>Medical Release: I hereby certify that my child is in normal health and capable of participating safely in YMCA sports. I understand that my child will be participating in various sports related activities and the YMCA, its staff and volunteers or any sponsors will not be held liable for any physical harm incurred to my child from this program. I also understand that I will not hold the YMCA, youth staff or any other parent/guardian responsible for injury in which my child may be involved before or after or as a result of traveling to and from YMCA sports. NO REFUNDS OFFERED.</p>							
Signature parent or guardian						Date	
<p align="center">Santiam Family YMCA Office Use Only</p> <input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Check Amt. \$ _____ Check No. _____ <input type="checkbox"/> Entered in DEXCO (date) _____ <input type="checkbox"/> Payment Plan: \$45 due @ reg. Then two payments of \$30 each billed in Jan & Feb. <input type="checkbox"/> Financial Assistance \$ _____							

