

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 5:15-6:15PM (exact time subject to change)**
- **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

The YMCA Mission is to put Christian principles into practice through programs that build spirit, mind and body for ALL.

Santiam Family YMCA Swim Team Registration Form			
Participant's First Name	Middle	Last	Date of Birth
Address			
City, State, Zip			
Phone No.			
e-mail Address (print in all capital letters)			
Age	Grade	School	
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! \$ _____			
Note any special requests, information on recent illness, physical problems etc.			
Session Registering For: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring			
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.			
Signature parent or guardian			Date
Santiam Family YMCA Office Use Only			
<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 \$ _____			

