



Merrimack Valley YMCA
Andover/North Andover Branch

Hurricanes Swim Team
2010 Summer
REGISTRATION
PACKET



Merrimack Valley YMCA
Andover/North Andover Branch

HURRICANES REGISTRATION AND GENERAL INFORMATION

2010 Summer Season

Welcome to the Andover/North Andover YMCA Hurricane Swim Team where we compete in YMCA, USA Swimming and Summer Aquatic League meets.

This Summer Long Course season, we will send a group to the YMCA LC National Championships at the University of Maryland where our swimmers consistently place among the top 8 in many events. Our younger swimmers qualify and attend USA Zone meets and local New England Swimming Age Group Championships.

More than half of the team competed in a championship meet at the end of the season, while EVERY swimmer contributed to the success and the spirit of the team.

Our “Summer Team” is a GREAT introduction to the sport of swimming. We compete in a local “Summer Aquatic League” with meets almost every week on Wednesday afternoons (schedule will follow). Swimmers will practice 3-5 times a week for 1 to 2 hours depending on age and ability. Practices begin the week of June 14th and meets begin in July. We will finish our 6 meet schedule by Saturday August 14th.

Please read this information carefully and contact Head Coach, Dan Reilly, dreilly@mvyymca.org, if you have questions.

Membership:

All swimmers must be a **Family or General Member** of the Andover/North Andover YMCA. Swimmers must maintain their membership to participate on the team. Please contact the Member Service Desk at the YMCA about membership rates.

Team Fees:

1. Fees must be paid in full at the time of registration.
2. Swimmers must try out for the team on Friday, June 4th between 5:30 and 7:30pm.
3. Swimmers will be accepted upon receipt of all registration materials while space is available.
4. Checks should be made payable to:
Merrimack Valley YMCA – Andover/ North Andover Branch
We also accept Credit Card payments (Visa, Mastercard and American Express)



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Financial Assistance: It is the goal of the Merrimack Valley YMCA to provide services for individuals and families who wish to participate in activities and programs of the YMCA regardless of their ability to pay – our application process is easy, and most importantly, completely confidential. Families who need financial assistance to participate on the Hurricanes Swim Team should contact Sue Grant, Bookkeeper or Bobbi Williams, Associate Executive Director at (978) 685-3541.

Registration packet: All forms must be completed and returned to our Member Service Desk with payments by June 11th, 2010. After which your child's spot on the team cannot be guaranteed.

Practice Information: Practices will begin the week of June 14th. Please continue to check the ANA YMCA Hurricanes website for additional information, practice schedules, meet schedules, and cancellations due to inclement weather.

www.anahurricanes.org

Merrimack Valley YMCA

Mission Statement

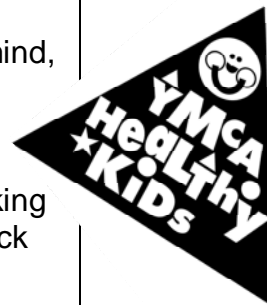
The Merrimack Valley YMCA, a community-based organization governed by its members, is dedicated to putting Christian principles into practice through programs, membership opportunities, and community services that strengthen spirit, mind, and body for all.

Vision Statement

The Merrimack Valley YMCA is a force for positive change, taking a leadership role in enhancing the quality of life in the Merrimack Valley region.

Core Values

The Merrimack Valley YMCA welcomes all people regardless of age, race, gender, religious affiliation, or socioeconomic background. The organization identifies and responds to community needs in areas including recreation, aquatics-based programming, housing for the homeless and near homeless population, child-care, outdoor and camping opportunities, arts and humanities programming, teen development, community development, and community health and wellness.





Merrimack Valley YMCA
Andover/North Andover Branch

Hurricanes 2010 Summer Practice/ Training Schedule June 14th – July 3rd

Tidal Wave – Mon, Wed, Fri 3:40-4:40pm (ANA);

Typhoon – Mon, Wed, Fri 4:40-5:40pm (ANA);

Gold, Silver, Bronze – Based on individual ability, we will arrange a schedule with another group for the summer.

Monsoon – Tue, Thu 5-6:30pm (LAW); Wed 6:00-7:40pm (ANA); **Friday 5:40-7:10pm (ANA)**; Sat 3:30-5pm (ANA)

Junior 1 – Tue, Thu 5-6:30pm (LAW); Fri 5:40-7:40pm (ANA); Sat 8:30-10am (LAW); Sun 11-12:30pm (LAW)

Senior 1 – **Mon 5:40-7:40pm (ANA)**, Tue, Thu 6:30-8:30pm (LAW); Fri 5:40-7:40pm (ANA); Sat 1-3pm (ANA); Sun 8:30-10:30am (LAW)

Senior 2 – Mon, Wed 5:40-7:40pm (ANA); Tue, Thu 6:30-8:30pm (LAW); Sat 1-3:30pm (ANA); Sun 8:30-11am (LAW)

National – Mon, Wed 5:40-7:40pm (ANA); Tue, Thu 6:30-8:30pm (LAW); Sat 1-3:30pm (ANA); Sun 8:30-11am (LAW)

(Tentative) Practice Schedule (Begins Monday, July 5th)

Tidal Wave – Tue, Thu 5:40-6:40pm (ANA); Sat 1-2pm (ANA)

Typhoon – Tue, Thu 6:40-7:40pm (ANA); Sat 1-2pm (ANA)

Bronze/ Monsoon – Mon 5:40-6:40pm (ANA); Tue, Thu 5:40-7:00pm (ANA); **Friday 5:40-7:40pm (ANA)**

Silver/ Junior 1 – Mon 6:40-7:40pm (ANA); Tue, Thu 7:00-8:20pm (ANA); Fri 5:40-7:40pm (ANA); Sat 8:30-10am (LAW)

Gold/ Senior 1 – Mon 6-8am (LAW); Tue, Thu 6-8am (CED); Tue, Thu 6:00-8:00pm (LAW); Fri 5:40-7:40pm (ANA); Sat 8-10am (LAW)

Senior 2/ National – Mon, Wed, Fri 6-8am (LAW); Mon, Wed 5:40-7:40pm (ANA); Tue, Thu 6-8am (CED) 6:00-8:30pm (LAW); Sat 8-10am (LAW) 2-5pm (ANA)



Merrimack Valley YMCA
Andover/North Andover Branch

2010 HURRICANES Summer Team Registration Form

Is your family new to our team? (Please check)

Athlete's Last Name _____ First Name _____ MI _____

Preferred Name _____ DOB _____ Age (as of July 1, 2010) _____

Father's Name _____ office _____ cell _____

Mother's Name _____ office _____ cell _____

Mailing Address _____ City _____ State ____ Zip _____

Home Phone _____ Email address (required) _____

Training Group	Summer 2010	Full Year
#802 - Tidal Wave (8 and under)	\$180	\$836
#803 – Typhoon (10 and under)	\$180	\$880
#804 – Bronze (12 and under)	\$200	\$880
#805 – Silver (11-14)	\$200	\$880
#806 – Gold (High school)	\$240	\$1166
#807 – Monsoon	n/a	\$1115
#808 - Junior 1	n/a	\$1175
#809 - Junior 2	n/a	\$1250
#812 – Senior 1	n/a	\$1250
#810 – Senior 2	n/a	\$1485
#811 - National	n/a	\$1529

I understand that my child may participate in the competitive swim team program as long as their membership is current with the Merrimack Valley YMCA. By signing below I am stating that there is an active membership for my child. Please circle the correct membership type listed below.

Youth – Draft / Annual expires on _____ OR Family – Draft / Annual expires on _____

Parent/Guardian Signature _____ Date _____



Merrimack Valley YMCA
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Payment Information

<u>Practice Group</u>	<u>Summer Only</u>	<u>Full Year</u>
#802 - Tidal Wave	\$180	\$836
#803 – Typhoon	\$180	\$880
#804 – Bronze	\$200	\$880
#805 – Silver	\$200	\$880
#806 – Gold	\$240	\$1166
#807 – Monsoon	n/a	\$1115
#808 - Junior 1	n/a	\$1175
#809 - Junior 2	n/a	\$1250
#812 – Senior 1	n/a	\$1250
#810 – Senior 2	n/a	\$1485
#811 – National	n/a	\$1529

Method of Payment:

Check (check # _____) Visa Master Card Discover Amex

Expiration Date: _____ Card # _____

Complete Billing Address for the credit card _____

Signature of Cardholder _____ Date _____
(please sign as it appears on your Debit/ Credit Card)

I understand that my child may participate in the competitive swim team program as long as their membership is current with the Merrimack Valley YMCA. By signing below I am stating that there is an active membership for my child. Please circle the correct membership type listed below.

Youth – Draft / Annual expires on _____ OR Family – Draft / Annual expires on _____

Parent/Guardian Signature _____ Date _____

If you have any question please call or email me at SGrant@mvymca.org.

Thank you,

Sue Grant
Competitive Teams Bookkeeper



Merrimack Valley YMCA
Andover/North Andover Branch

2010 ANA YMCA HURRICANES SWIM TEAM

Medical Information Form

Child's Physician: _____ Phone #: _____

Physician's Address: _____

Child's Dentist: _____ Phone #: _____

Dentist's Address: _____

Insurance Carrier: _____ Policy #: _____

List chronic conditions, dietary restrictions, or medications:

List any allergies, reactions, and treatment: _____

Identifying Information:

Eye Color: _____ Hair Color: _____ Skin Color: _____ Height: _____ Weight: _____

Identifying Marks: _____ Primary Language: _____

List the holidays, celebrations, and occasions your family celebrates: _____

Is there documentation of a physical exam, immunization record, and lead screening on file at your child's school?

_____ Yes _____ No (If Yes, Initial _____)

I give my permission to the YMCA to publish my child's name and photograph in YMCA brochures, newspapers or other publications.

_____ Yes _____ No (If Yes, Initial _____)

Emergency Authorization

I hereby give permission for the staff of the Merrimack Valley YMCA, Andover/North Andover Branch, to provide first aid treatment to my child, _____, when necessary and in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that YMCA personnel will make every effort to contact me regarding any emergency involving my child.

Signature of Parent/Guardian: _____

Date: _____

MERRIMACK VALLEY YMCA

Employee and Volunteer Criminal Background Check Consent

In the Merrimack Valley YMCA's efforts to attract the highest quality employees and volunteers, I have been advised that as a part of the application process for employment or volunteering, inquiry will be made concerning my prior employment, activities, and character in all states and jurisdictions. This inquiry will include conviction criminal history information, sex offender records, social security number verification, and information in my background related to child abuse. I fully consent to and authorize all such inquiries. By signing below, I hereby acknowledge and agree that I will provide all requested information for the sole purpose of completing a criminal history file search.

I understand that my application or continued employment/volunteering is contingent upon a clean criminal history search in all states and jurisdictions. I understand and agree that my application or continued employment/volunteering is contingent upon my full disclosure of all information necessary to conduct such a criminal history search. I further understand and agree that my application or continued employment/volunteering is contingent upon my full cooperation in the completion of a criminal history information search.

Release Authorization

- I. In connection with my application for employment or continued employment at the Merrimack Valley YMCA (MVYMCA), understand that an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the MVYMCA may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, licensing and certification checks, references, military service, sex offender registry, civil cases, driving record, and drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
- IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by the Merrimack Valley YMCA or its agent, to furnish the information described in Section I.
- V. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to the Merrimack Valley YMCA. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

Employee and Volunteer Criminal Background Check Consent

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name. Last First Middle

Please print other names you have used (maiden name, surname, alias name).

Current Address City State Zip Code

Social Security Number (FOR IDENTIFICATION PURPOSES ONLY) Date of Birth

A number of states, including but not limited to, AL, AR, FL, GA, IA, IL, IN, KS, MI, MN, MO, NE, NV, NH, PA, SC, TX, VA, WA, WV, and WI, require additional identifying characteristics in order to complete a criminal records search. For that purpose only, please provide the following:

Sex Male Female
Race: Asian Black or African American White Hispanic or Latino Other _____

Driver's License Number State Issuing License Name as it appears on license

I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.

By signing below, I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since it is made with my consent and it is in my interest that I am considered for employment. I also release the MVYMCA from any liability regarding sharing with third parties any child abuse information gathered in this background check or observed during my employment with the MVYMCA.

Signature

Today's Date

Please forward to the Finance Department prior to employment or volunteer service.