



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YCF Change Form

SWIMMER: _____

Date of Birth (MM/DD/YYYY): ___/___/____ **Parent's Name:** _____

CURRENT INFORMATION

Group: AG Recreational / SR Recreational / AG Competitive / SR Competitive / National Prep / National

Practice Site: Aquatic Center / Blanchard Park / Cocoa / DT Orlando / Dr. Phillips / Frank DeLuca / Golden Triangle
J. D. Williams / Lake Nona / Osceola / Oviedo / Roper / Suntree / Titusville / Winter Park

TYPE OF CHANGE (Check type of change, complete all information and include the **YCF Draft Authorization Form**)

___ Change Practice SITE

NEW Practice Site: Aquatic Center / Blanchard Park / Cocoa / DT Orlando / Dr. Phillips / Frank DeLuca / Golden Triangle
J. D. Williams / Lake Nona / Osceola / Oviedo / Roper / Suntree / Titusville / Winter Park

Date of First Practice at NEW Practice Site (MM/DD/YYYY): ___/___/____

Reason for practice site change: _____

___ Change Practice GROUP (MUST have coach's initials of approval)

NEW Group: AG Recreational / SR Recreational / AG Competitive / SR Competitive / National Prep / National

Current Group - Coach's Initials of Approval: _____

Reason for group change: _____

___ Update BILLING INFORMATION

To update billing information, please submit a **YCF Draft Authorization Form** with this **YCF Change Form** to the YCF Swim Team Office.

Signature of Parent/Guardian

Date

This form MUST include a YCF Draft Authorization Form and both documents can be scanned/emailed, mailed and/or dropped off in person to the YCF Swim Team Office (8422 International Drive, Orlando, FL, 32819, ycfswimteam@cfymca.org).

OFFICE USE ONLY Recd Date: _____



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YCF Draft Authorization Form

SWIMMER: _____

Date of Birth (MM/DD/YYYY): ___/___/_____ Parent's Name: _____

CURRENT (OR NEW/UPDATED) INFORMATION

Group: AG Recreational / SR Recreational / AG Competitive / SR Competitive / National Prep / National

Practice Site: Aquatic Center / Blanchard Park / Cocoa / DT Orlando / Dr. Phillips / Frank DeLuca / Golden Triangle

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PAYMENT OPTION (Check your desired payment option and complete all information.)

Check (For Group Change from Recreational to Competitive ONLY)

A \$100 check for the required and non-refundable team fee (\$100) is included with this registration form. I understand the account on this check will then be used to set up the bank draft for monthly program fees.

Credit Card (all tracks/groups)

Please send me a payment request via email, (OR I have run my credit card with the YCF Team Admin onsite at the placement session), to be used for my initial team fee and to set up the bank draft for monthly program fees.

By signing below, I authorize the YMCA of Central Florida to draft the monthly program fee on the fifteenth (15th) of each month. The monthly cost will be determined by my child's practice group as listed above. If I wish to cancel the automatic draft at any time, I will complete a **YCF Cancellation Form** and submit it directly to the YCF Swim Team Office on or before the first (1st) of the month that I wish to cancel, (i.e. at least 15 days prior to the draft). If I wish to change the account being drafted or switch to a different payment method, I will complete a **YCF Change Form** and a **YCF Draft Authorization Form** and submit these forms directly to the YCF Swim Team Office on or before the first (1st) of the month. If the necessary form(s) is/are not received by the YCF Swim Team Office before the first (1st) of the month, I understand that I will not be able to cancel/change my status for that month and will not be eligible to receive a refund.

Signature of Account Holder Name of Account Holder (please print) Date

These forms can be scanned/mailed (for credit card option ONLY), mailed and/or dropped off in person to the YCF Swim Team Office at the YMCA Aquatic Center, (located at 8422 International Drive, Orlando, FL, 32819, ycfswimteam@cfymca.org).

OFFICE USE ONLY Received Date: ___/___/___ New Monthly Draft Fee: _____ Date of New Draft Fee: ___/___/___