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Swim Team Registration Packet

Waynesboro Area YMCA Waves Swim Team Fall/Winter 2022-2023

Swim Team Registration Checklist

- Swimmer Information Form
- Waiver, Media Release & Emergency Contact/Medical Form
- Waves Code of Character
- Waves Family Support/Volunteer Policy & Preference Form
- Parent Acknowledgement Form

Activate Remind app for text notifications—Optional (but extremely useful)
To receive messages via text, text @waywaves to 81010 (UPDATE INFO)

***** All outstanding TeamUnify account fees need to be paid in full to the STPA, please contact Donnia Tritle with questions about your balance. *****

Please turn in all items listed above in the Swim Team Mailbox on the pool deck or give them directly to a Waves Coach by the end of your swimmers first week of practice.

Swimmer will be unable to participate in swim practice or meets until all of the above listed forms and payments have been turned in.

- Any outstanding YMCA registration fees must be paid in full to register for the Fall/Winter 2022-2023 season.
- **You will need to know your swimmers' group assignment for the Fall/Winter 2022-2023 Season to register.** If you have any questions about your swimmers' group placement, please speak to Coach Neil Yost **prior** to registering your swimmer with the YMCA.
- Registration can be done at the Front Desk at the YMCA or by calling the YMCA at (717)762-6012. Multi-swimmer discounts and payment options are listed in this packet.

Waves Practice Group Descriptions:

**Practice Times are subject to change.*



Level 1 \$36 per month

Swimmers begin to develop their motor skills and competitive stroke techniques for freestyle, backstroke, breaststroke and butterfly. Swimmers also practice drills, refine stroke mechanics and basic diving techniques.

Season begins September 12th.

Monday—Thursday: 6:15-7:00pm @ YMCA

Level 2 \$ 48 per month

Swimmers continue to develop their motor skills and competitive stroke techniques for freestyle, backstroke, breaststroke and butterfly, as well as engage in more intensive set. Swimmers practice drills, stroke mechanics. Competitive finishes and turns are taught and practiced.

Season begins September 12th.

Monday—Thursday: 5:15-6:15pm @ YMCA

Level 3 \$90 per month

Swimmers participate in a challenging balance of advanced training and drills, while continuing to develop their motor skills and advanced competitive stroke techniques and sets. Swimmers also practice competitive diving starts, turns, and finishes. A high level of commitment to the team and to goals is expected in this group.

Season begins August 29th.

Monday - Thursday 5:00pm - 6:30pm @ YMCA

Level 4 \$105 per month

Swimmers participate in a challenging balance of advanced training and drills to prepare them to achieve their goals. . Swimmers also practice competitive diving starts, turns, and finishes. A high level of commitment to the team and to goals is expected in this group.

Season begins August 29th.

September, October, beginning of November & March

Swimmers attending school in the Waynesboro Area School District:

Monday - Thursday: 3:30pm - 5:15pm @ YMCA

Swimmers attending school outside of the Waynesboro Area School District:

Monday - Thursday: 5:00pm - 6:45pm @ YMCA

ALL LEVEL 4: Friday: 4:00pm - 5:45pm

****Please note: Swimmers will NOT be permitted to alternate practices.**

Mid-November, December, January & February

Monday—Thursday: 5:00pm - 6:45pm

Friday: 4:00pm - 5:45pm



Swimmer Information

Swimmer 1: _____			
(First)	(MI)	(Last)	(Nickname)
Date of Birth: ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> New Swimmer <input type="checkbox"/> Returning	
T-Shirt Size: _____	Practice Group: _____		
Swimmer 2: _____			
(First)	(MI)	(Last)	(Nickname)
Date of Birth: ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> New Swimmer <input type="checkbox"/> Returning	
T-Shirt Size: _____	Practice Group: _____		
Swimmer 3: _____			
(First)	(MI)	(Last)	(Nickname)
Date of Birth: ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> New Swimmer <input type="checkbox"/> Returning	
T-Shirt Size: _____	Practice Group: _____		
Swimmer 4: _____			
(First)	(MI)	(Last)	(Nickname)
Date of Birth: ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> New Swimmer <input type="checkbox"/> Returning	
T-Shirt Size: _____	Practice Group: _____		

Family Information

Parent/Guardian Name _____	Primary Phone # _____
Address _____	Cell Phone # _____
Parent/Guardian Name _____	Primary Phone # _____
Address (If Different) _____	Cell Phone # _____
Primary Email Address for Team Website Access _____	
Please include any additional important contact information (i.e. additional phone numbers, secondary email accounts): _____ _____	
School District: _____	

WAY Swimming

Fees and Important Information

Practice Group	Monthly Rate	Season Rate	Due Dates
Level 1	\$36	\$216	1st of month
Level 2	\$48	\$288	1st of month
Level 3	\$90	\$540	1st of month
Level 4	\$105	\$630	1st of month

** Monthly Fee will be auto-drafted by the YMCA from your specified account. Multi-swimmer discount will be deducted at time of registration.

A \$120 STPA fee will be charged to your Team Unify Account for each swimmer.

This fee includes: Winter STPA Fee, Team Suit, Set of Personalized Caps, and Waves Team Shirt

Which Practice Group?

There are group descriptions in this packet. If you have questions about which group your child belongs to, please contact Coach Neil **before** you register your swimmer.

Returning Swimmers: Please register for practice group as directed by the Head Coach.

YMCA Membership

All swimmers participating on the Waynesboro Area YMCA swim team must have a full YMCA membership. Your membership must be current prior to the first day of practice.

Sickness/Injury/Vacation

If your child is sick, injured or unable to participate in practice or a meet please notify the coaching staff.





Waynesboro Waves

Participant Waiver & Media Release

PARTICIPANT(S) WAIVER:

I hereby give consent for said minor to participate in the activities of the Waynesboro Area YMCA Swim Team. By participating in this program, I will not hold any of the sponsors, supervisors, coaches, officials, or volunteers of the Waynesboro Area YMCA or any local community responsible for any injury that said minor may sustain while participating in the above activities.

I hereby authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he/she was a participant or observer at an event sanctioned or approved by USA Swimming and/or Waynesboro Area YMCA.

I authorize any licensed physician to perform any procedure that he/she deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions of said minor that he/she may encounter during any necessary operation.

I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment and I assume any such risk on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any treatment.

I have read and understand the above Medical Release and agree to the terms and conditions therein:

Minor Child's Name(s): _____

Signature: _____ Date: _____

Relationship to Minor(s): _____

MEDIA RELEASE:

Waynesboro Area YMCA Swim Team has my permission to use my child's name in press releases about swim team activities, including swim meet results. I also give the Waynesboro Area YMCA Swim Team permission to use my child's name and photograph for the following - swim team website, social medial sites, newsletters and brochures.

I have read and understand the media release and agree to the terms therein:

Minor Child's Name(s): _____

Signature: _____ Date: _____

Relationship to Minor(s): _____

Waves Swim Team Emergency Contact/Medical Form

Please fill out one form per swimmer

Swimmer Name: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: _____

Medications currently being taken and reason:

Known Allergies:

Previous hospitalizations, surgeries, injuries or serious illness

Has a physician ever recommended that there should be any limits placed on participation in competitive sports?

Please list any other useful information or health concerns:



CODE OF CHARACTER

Parent Responsibilities:

1. To encourage the swimmer at all times
2. To get the swimmer to practices and meets regularly and on time
3. To encourage proper rest and diet
4. To perform volunteer work at all WAY sponsored meets
5. To avoid criticism of the swimmer's techniques and workout performance, leaving this exclusively to the coaches.

I understand that it is an honor and a privilege to represent the WAY (Waynesboro Area YMCA) swim team. I recognize that the reputation of the Y and our Team is effected by and dependent upon my conduct and behavior. Therefore, I agree at all times to conduct myself in a mature, courteous, and responsible manner, both at WAY and when attending functions away from our YMCA. **Swimmers will not be allowed to register for the Team and may not be allowed to practice or compete if this form is not signed and returned to the Swim Team Mailbox.**

Athlete Responsibilities:

As an athlete on the WAY swim team I agree to the following standards:

- *I will follow all rules, regulations, and procedures set forth by the Team and the coaches.
- *I will always be encouraging & supportive of my teammates
- *I will practice/compete to the best of my ability at all times.
- *I will not go through, take, or destroy, anyone's personal belongings.
- *I will never endanger the safety of another participant.
- *I will never leave the supervision of the coaching staff without their direct approval.

I further acknowledge that the following conduct is not acceptable and will **NOT** be tolerated.

- *Possession or use of alcohol, illegal drugs, or tobacco products
- *Physically assaulting a teammate, coach, official, fellow competitor in any manner
- *Use of profanity or inappropriate language
- *Inappropriate or unsupervised activities between participants
- *Refer to teammates in an inappropriate or unsporting manner

I understand that failure to abide by the **WAY Code of Character** may result in immediate disciplinary action including, but not limited to the following:

- *Suspension from practice(s), event(s), or meet(s)
- *Suspension from the WAY swim team
- *Dismissal from the WAY swim team
- *Any combination of the above

I understand that decisions made by the WAY coaching staff at the site of any infraction will prevail. Appeals can be made at a later date to be heard in a rational, constructive, and fair manner. I pledge to abide by the WAY Swimming Code of Character.

Swimmer 1's Name: _____ Signature _____

Swimmer 2's Name: _____ Signature _____

Swimmer 3's Name: _____ Signature _____

Swimmer 4's Name: _____ Signature _____

Parent's Name: _____ Signature _____



Waves Family Support/Volunteer Policy

(Updated 9/2018)

The Waynesboro Waves Swim Team relies on family support and volunteers to run many different activities; therefore the team has a "Volunteer Requirement." Each family is required to volunteer 5 times during the winter season or pay up to \$125.00 for not volunteering. The team NEEDS your help, and would prefer that you volunteer, instead of paying \$125.00 to opt out fee.

Please indicate below your preference(s):

- Timer at swim meets—both home & away meets. *(14 timers are needed per meet. Involves running a manual stop watch. This is an excellent job for new parents.)*
- Set-up/Clean-up for home swim meets *(Help Set-up/Clean-up all timing equipment, clean up after meet as needed)*
- Concession stand volunteer at home meets. *(4-8 people needed depending on the size of the meet. This ensures parents can take time to watch their swimmers race.)*
- Clerk of Course *(also known as "Seeding" for a swim meet. In charge of making sure swimmers are present and in line/behind the blocks for their events.)*
- Swim Official - both home & away meets *(Certification required. Act as a stroke & turn judge, starter or referee. See Head Coach for training dates/times.)*
- Operate the Colorado Timing System during home swim meets.
- Run the laptop computer during home swim meets.
- Help with/chaperoning social events.
- Help with a fundraiser.
- Count laps for the Swim-A-Thon.
- Assist with the Annual Awards Banquet or District Pasta Party.
- Other opportunities as they arise.
- I am not able to assist at this time. Attached is my \$125.00 check made payable to "STPA"**

Each volunteer time is equal to \$25.00. Families who do not complete their required 5 volunteering times, will be charged accordingly.

For example:

- A family who only volunteers 4 times for the season, will be charged \$25.00 at the completion of the season.
- A family who only volunteers 1 time for the season will be charged \$100.00 at the completion of the season

For questions, please contact Amie Phillips – (717)655-5227

Name: _____ Phone: _____



Parent Acknowledgement

We have received, read and understand the Waves Swim Team Handbook. I have reviewed the handbook with my swimmer(s) and he/she is aware of all team rules and policies as well as the involvement and commitment required. The swim team handbook is posted on the team's website - www.waysswimming.com under the "Parent Info" section. If you require a hard copy, please see a STPA board member.

We understand that the rules and policies are subject to change and/or additions throughout the season.

I also understand that if I am not able to assist the STPA by volunteering at least **FIVE** times during the Fall/Winter 2022-2023 Season, that I will be assessed the up to \$125.00 as an opt out fee.

Swimmer Name(s): _____

Parent/Guardian Name: _____

Signature Parent/Guardian: _____

Date: _____



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