



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Swim Team Registration Packet

Waynesboro Area YMCA Waves Swim Team Fall/Winter 25-25

Swim Team Registration Checklist

Swimmer Registration Forms included in this packet:

- ☐ Waiver, Releases & Medical Form
- ☐ Waves Code of Conduct
- ☐ Parent Participation Preferences Form
- ☐ Parent Acknowledgement Form

** Please be sure that all outstanding TeamUnify account fees have paid in full to the STPA. For questions on any fees owed to the Team, contact STPA Treasurer - Donnia Tritle.

ALL forms MUST be completed at the time of registration and turned in to the Wave Swim Team, not the YMCA. Forms should be turned in with a copy of receipt on August 13 or 14 2025, or given directly to a swim coach.

A \$150.00 STPA fee per swimmer will be billed to your Team Unify account by October 1st. This fee includes the cost of a team competition suit, set of personalized swim caps, team t-shirt.

- Any outstanding YMCA registration fees must be paid in full to register for the Summer 2025-26 season.
- Register your swimmer(s) for the group they swam in last season, unless you have been contacted by a Coach and told otherwise.

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

OPTIONAL—USA Swimming Registration:



For more information on USA Swimming, contact Coach Sarah Stains.

The 2026 USA Swimming Season runs October 1, 2025 - December 21, 2026.

Additional meets, fees and travel are required for USA Swimmers.

Fees and Important Information:

Practice Group	Full Payment	Due Date	Monthly	Due Dates
Level 1	\$318*	At Registration	\$53**	At Registration & The 15th of each month 10/2025 - 2/2026
Level 2	\$414*	At Registration	\$69**	At Registration & The 15th of each month 10/2025 - 2/2026
Level 3	\$618*	At Registration	\$103**	At Registration & The 15th of each month 10/2025 - 2/2026
Level 4	\$756*	At Registration	\$126**	At Registration & The 15th of each month

* Full Payment due at time of registration

** Monthly Fee will be auto-drafted by the YMCA from your specified account.



NEW THIS SEASON: Members of the WASHS Swim Team will have their Monthly membership fees reduced to the Level 1 rate (\$53.00) during the High School Swim season (December 2025 - February 2026)

Those wanting to make a full season payment will need to discuss payment options with the YMCA.

Which Practice Group?

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

Returning Swimmers: Please register for practice group as directed by your immediate 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.

A \$150.00 STPA fee per swimmer will be billed to your Team Unify account by October 1st. This fee includes the cost of a team competition suit, set of personalized swim caps, team t-shirt.



Waves Practice Group Descriptions



Level 1 \$53 per month/\$318 full payment

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 2nd

Level 1 practices: Monday - Thursday 6:00-6:45pm

Level 2 \$69 per month/\$414 full payment

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

Season begins September 2nd

Level 2 practices Monday - Thursday 5:00 - 6:00pm

Level 3 \$103 per month/ \$ 618 full payment

Swimmers continue to develop their motor skills and are practicing advanced competitive stroke techniques and sets. Swimmers also practice competitive diving starts, turns, and finishes.

Season begins September 2nd

Level 3 practices Monday-Thursday 5:00pm - 6:30pm

Level 4 \$126 per month/ \$756 full payment

Swimmers participate in a challenging balance of advanced training and drills to prepare them to achieve their goals. A high level of commitment to the team and to goals is expected in this group.

Season begins August 25th

Level 4 Monday - Friday 3:00pm - 5:00pm

* NOTE: Level 4 Swimmers who do not swim on the WASHS High School Swim Team will have an adjusted practices times when the WASHS High School Season begins

* Full Payment due at time of registration

** Monthly Fee will be auto-drafted by the YMCA from your specified account.

NEW THIS SEASON: Members of the WASHS Swim Team will have their Monthly membership fees reduced to the Level 1 rate (\$53.00) during the High School Swim season (December 2025 - February 2026)

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Waynesboro Area YMCA
Swim Team Registration
Fall/Winter 25-26



Swimmer Information

Swimmer 1: _____
(First) (MI) (Last) (Nickname)

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female ☐ New Swimmer ☐ Returning

Practice Group: _____

T-shirt size, please circle: Youth Sm Youth Med Youth Lg Adult Sm Adult Med Adult Lg Adult XL

Swimmer 2: _____
(First) (MI) (Last) (Nickname)

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female ☐ New Swimmer ☐ Returning

Practice Group: _____

T-shirt size, please circle: Youth Sm Youth Med Youth Lg Adult Sm Adult Med Adult Lg Adult XL

Swimmer 3: _____
(First) (MI) (Last) (Nickname)

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female ☐ New Swimmer ☐ Returning

Practice Group: _____

T-shirt size, please circle: Youth Sm Youth Med Youth Lg Adult Sm Adult Med Adult Lg Adult XL

Swimmer 4: _____
(First) (MI) (Last) (Nickname)

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female ☐ New Swimmer ☐ Returning

Practice Group: _____

T-shirt size, please circle: Youth Sm Youth Med Youth Lg Adult Sm Adult Med Adult Lg Adult XL

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):

Waves Swim Team Emergency Contact/Medical Form

Swimmer(s) Name: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: _____

Medications currently being taken and reason (please list children seperately):

Known Allergies (please list children seperately):



Waynesboro Waves

Waivers, Releases, and Medical Information

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 U.S. 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:

Child/Children's Names: _____

Signature: _____ Date: _____

Relationship to Child/Children: _____

MEDIA RELEASE:

Waynesboro Area YMCA Swim Team has my permission to use my child's name in press releases about swim team swimming activities/meet results sent to local news organizations. I also give Waynesboro YMCA Swim Team permission to use my child's name and photograph to be posted on the swim team website, newsletters and brochures.

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

Child/Children's Names: _____

Signature: _____ Date: _____

Relationship to Child/Children: _____



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 Head Coach.**

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 _____

Parent Participation Preferences

Please indicate with a ✓ your top three preferences:

- _____ Timers. 14 timers are needed per meet. Involves running a manual stopwatch. This is an excellent job for new parents.
- _____ Concession Stand. 4-8 people are needed depending on the size of the meet. This ensures parent's can take time to watch their swimmers race.
- _____ Setup/Cleanup: Help setup/takedown of all timing equipment. Helps clean up after meet as needed.
- _____ Swim Official. YMCA Certification required. Work meet as a stroke judge, starter or referee. Please see Head Coach for training dates/times.
- _____ Clerk of Course. Also known as seeding. In charge of ensuring swimmers are present and seeded for their swims.
- _____ Ribbon Writers. Responsible for labeling ribbons during the meet.
- _____ Colorado Operator. Some training necessary. Operates timing module during meets. Must be available to work home meets.
- _____ Laptop Operator/Meet Management Software. Works with meet referee to prepare event files and ongoing processes and troubleshooting throughout the duration of the meet. Requires dedicated parent with computer knowledge. Must be available to attend all home meets.
- _____ Fundraising. Help organize and run swim team fundraiser.
- _____ I am not able to assist at this time. Attached is my \$300 check made payable to STPA.

Participation is required at **three** meets/events, or a \$100 fee per meet/event will be assessed at the end of the season.

Name: _____

e-mail: _____

Phone: _____

Date: _____



Parent Acknowledgement

I/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 Waves Team Unify Website under the "Parent Info" section. If you require a hard copy, please see a STPA board member.

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

I/We also understand that if I am not able to assist the STPA by volunteering a minimum of 3 times during the Fall/Winter 25-26 Season, I will be assessed up to the \$300.00 Volunteer Opt-Out Fee.

Swimmer Name: _____

Parent/Guardian Name: _____

Signature Parent/Guardian: _____

Date: _____



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