



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

Dear Swim Team Parents,

I would like to thank you for joining our YMCA swim team for the 2020-2021 swim season! I'm sure we will have a great season as well as great experiences for our kids. Jordan Brown will again be our head coach, and we are super excited to have him returning for his 2nd year as head coach. I have just a few things I would like to touch on before the start of the season.

Due to COVID-19, this will be a season like none other. We are taking all precautions to make this season a safe one, along with still providing a competitive learning environment. Please know things are likely to change at a moment's notice and we will communicate with you as soon as we know of a change. Please check your email regularly, as this is our quickest and most effective form of communication.

Swimmers must hold a family membership to participate on the swim team. Team fees will remain \$190 for a swimmer, with a \$15 discount per additional swimmer, with a family cap of \$450. High school swimmers' team fee will remain \$110. All fees can be split into drafted monthly payments for 6 months.

As most of you know, the swim program needs a great deal of hands to run a successful program and swim meet. We will be doing virtual meets at the beginning of the season, so the first 4 meets of the season will be at home. The YMCA Waves Swim Team prides itself on having great swimmers and great meets, and we can't do that without your help as a volunteer. Last year we had some great volunteers, and I look forward to the same thing this year and adding more to that list.

We have several different areas of the meet for parents and family members to get involved in. There will be a sign up sheet and an explanation of what each job is sent via email before each home meet. We need every parent possible to run a successful swim meet. We also welcome grandparents, aunts, uncles, etc. who would like to get involved.

We will also be sending out the Parent Handbook via email. If you need a paper copy you may request one at any time.

Thank you all for your participation, and I look forward to seeing all of you this swim season. Have a great year!

Thanks so much,

Heather Jones
Senior Program Director



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

Williams County Family YMCA Swim Team Registration Form

Last Name _____ First Name _____ Initial _____

Preferred Name _____ Birth date _____ Age _____

Male _____ Female _____
(Please check one)

IS YOUR CHILD ENROLLED IN THE YMCA DAYCARE PROGRAM?

____ YES (Please fill out attached form) ____ NO

Primary Contact: **(PARENTS)**

Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Cell Phone _____ Name _____

Other Phone _____ Name _____

Email *(REQUIRED)* _____

Please provide an email address. Our primary form of communication is via email.

Secondary Contact – if different mailing address

Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Cell Phone _____ Name _____

Other Phone _____ Name _____

Email *(REQUIRED)* _____

Please provide an email address. Our primary form of communication is via email.

Emergency Medical Authorization

Williams County Family YMCA
Swim Team



Swimmer Name

Address

City, State, Zip

Telephone

Purpose - To enable parent and guardians to authorize the provision of emergency treatment for children who become or are injured while under the YMCA supervision, when parents or guardians cannot be reached.

PART I OR II MUST BE COMPLETED

PART 1: TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ or _____ at _____
(Phone Number) (Other Parent/Guardian)
_____ have been unsuccessful, I hereby give my consent for: (1) the administration of any
(Phone Number)
treatment deemed necessary by _____ or _____, or by another licensed
(Preferred Physician) (Preferred Dentist)
physician or dentist; and (2) the transfer of the child to _____ or any hospital accessible.
(Preferred Hospital)

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date

Signature of Parent/Guardian

Address, City, State, Zip (If different from above)

DO NOT COMPLETE PART II OF YOU COMPLETED PART I PART II REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I request the authorities to take no action or to:

Date

Signature of Parent/Guardian



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

Williams County Family YMCA Swim Team Authorization Form

Swim Team activities are Williams County Family YMCA events, and as such, it is advisable for the YMCA to have this form even if the parents make individual arrangements for the swimmers on their own.

Name of the Child(ren) _____

Transportation Consent

Our YMCA Swim Team has meets and activities, both away and at home, and on occasion the swimmers will travel with parents other than their own, and/or non-Y-employee parents, in personal vehicles. At times there may also be a need for coaches to transport the swimmer in personal vehicles. Each child is to wear a seat belt.

I agree ___ I do not agree ___ to allow parents/coaches to transport my child(ren) to and from Williams County Family YMCA Swim Team events.

Photographic Consent

I do ___ I do not ___ authorize YMCA personnel to photograph my child for purposes of display (posters, flyers, etc.). Additionally, photos, may be used for publicity purposes and released to area newspapers.

Parent/Guardian Signature

Date



Williams County Family YMCA Swim Team Monthly EPAY Payment Agreement Form

Please read and initial the following terms and conditions for the monthly epay payment agreement with the YMCA. Once you have read and understand each of the terms and conditions and have initialed each one, please sign and date at the bottom of this form.

___ I have chosen to make 6 consecutive monthly payments on my child/ren's swim team fees. These monthly payments equal \$____.

___ My monthly payment will be automatically drafted from my credit card on the 10th of each month.

___ If I am registering my child/ren on October 1st or later, I acknowledge I will make the first month of payment up front when registering my child/ren.

___ Champs fees will be drafted in 6 monthly payments if not paid in full up front.

___ Concession stand fees will be drafted in 6 monthly payments if not paid in full up front.

___ There is not a penalty for making payments early or paying off the balance early.

Child/ren's Name: _____

Name on Card: _____

Credit Card #: _____ Expiration Date: _____

Card Type (Please Circle One): Visa Master Card Discover American Express

Street Address: _____ Zip _____ 3 Digit Code: _____

Signature: _____ Date: _____

For Office Use ONLY:

Staff Initials: _____

Williams County Family YMCA Swim Team Fees

Monthly Payment Schedule

	October	November	December	January	February	March
Swim Team	\$32	\$32	\$32	\$32	\$32	\$30
BHS Swimmer	\$19	\$19	\$19	\$19	\$19	\$15
2 nd Child	\$30	\$30	\$30	\$30	\$30	\$25

Or Paid in Full Amounts

Swim Team - \$190

BHS Swimmer - \$110

2nd Child (Discounted \$15) - \$175

Additional Children Discounted \$15 & Family Cap of \$450

Other Fees During the Season

Concession Stand - \$15

* One Time Fee

* SUSPENDED AT THIS TIME DUE TO COVID (No concessions will be available)

Invitational Swim Meet

* These are optional meets and usually range from \$16 to \$20 per meet.

* INVATIONALS ARE SUSPENDED AT THIS TIME DUE TO COVID

CHAMPIONSHIPS

* \$16 per swimmer to swim at Champs

* We are not collecting this fee at this time due to the uncertainty with COVID-19

Swim Apparel

* We offer the team options to purchase apparel for the current season, t-shirts, sweatshirts, etc. This is optional, and items usually arrive around Christmas time.

Practices Dates:

12 & Over - Monday, Tuesday & Thursday - 5:00-6:30PM

11 & Under - Tuesday & Thursday - 5:00-6:30PM

Due to COVID restrictions we are unsure of team numbers and how many we can have per lane. It is possible 11 & Under will be able to practice on Mondays. Updates will be communicated at a later date.

Meet Schedule 2020-2021

Week of November 7th - Virtual TBA

Week of November 21st - Virtual TBA

Week of December 5th - Virtual TBA

Week of December 19th - Virtual TBA

REMAINING MEETS STARTING IN JANUARY ARE TENTATIVELY GOING TO BE IN-PERSON MEETS. A DECISION ON THIS WILL BE MADE AT A LATER DATE AND COMMUNICATED ONCE THE LEAGUE VOTES.

Other Dates to Note:

September 29th - Parent Meeting @ 6pm

October 5th - No Practice (Ready, Set, Relax)

Thanksgiving - No Practice Thursday

Christmas Break - There will be limited practices over the holiday break. Changes will be announced.

WILLIAMS COUNTY FAMILY YMCA - SWIM TEAM COVID-19 GUIDELINES

1. Swimmers must be dressed in the swim suit when they enter the facility. Swimmers are not permitted in the locker rooms upon entering the facility.
2. Swimmers, parents, and coaches **MUST** wear a mask as they enter the facility.
3. Swimmers will removed their masks once it's time to enter their lane. Coaches will keep their masks on at practice unless it is necessary for them to remove them for coaching or safety purposes.
4. Swimmers should perform a health assessment at home before arriving at the Y for practice.
5. Swimmer, parents and coaches are not permitted to gather in the lobby or on deck.
6. Swimmers will access the pool through the lobby.
7. Coaches will take attendance each day to allow for contact tracing if there is a positive COVID-19 case on the team.
8. There will only be 7 swimmer per lane at one time.
9. Swimmers are to remain 6 feet apart when entering the facility, waiting to enter their lane, after practice, and upon exiting the facility.
10. When practice is finished swimmers will be released by lane to the locker rooms to change.
11. There will be designated marks on the locker room floor where each swimmer is to change.
12. Showers are not available to swimmers before or after practice. Showering is recommended at home.
13. Parents will not be permitted to stay on deck during practice times to allow for proper social distancing.

How can you help?

The Waves YMCA Swim Team needs you! This is the perfect year to get involved! We need your help timing, setting up, and cleaning up at our virtual meets.

How can you get involved?

Please contact Jenny Kellogg or Beth Moore if you would like to join the volunteer Waves Parent Involvement Committee. (WPIC) Our goal is to make sure that our swimmers and coaches are supported, that our meets run smoothly, and that we keep the Williams YMCA Swim Team growing our community.

Swim Officials

We are in need of more swim officials. We cannot compete without swim officials. If you have any questions about the 1 day, with only a few hours of training required, feel free to ask Scott Kellogg. He did the training a year ago and has been our official "Official" ever since. We really need a few more people to step up and help in this area.

****In the weeks to come you will be asked to sign up to help out at our meets via Sign-UP Genius.****

Please take a turn, or two, or three helping to support our children. Timing really is a fun job. It is great being poolside & cheering on the swimmers!

Here's to a great 2020-2021 Swim Season!
Good Luck Waves!!