



SPLASH INTO SUMMER



THE SANFORD-SPRINGVALE TITANS SWIM TEAM

2024 SUMMER SEASON BEGINS APRIL 22ND.

REGISTER OPENS APRIL 8!

OUR MISSION

The Sanford-Springvale YMCA Titans Swim Team will create a culture of pride and excellence by:

1. Creating a positive, fun, and team-oriented environment
2. Focusing on education of swimming techniques and fundamentals
3. Developing team success at all levels of competition
4. Maintaining a high level of training and athlete development

ABOUT THE TEAM

The Titans Swim Team is The Sanford-Springvale YMCA's year-round competitive swimming program. We welcome children ages 6 - 18 who are interested in challenging themselves in the areas of mental and physical training and are dedicated to the Olympic Sport of Competitive Swimming.

Our swim team trains in the Sanford-Springvale YMCA 25-yard, 6 lane pool and competes throughout the state of Maine in 2 different seasons: Winter and Summer. Our Winter Season (September to March) competes in 25-yard short course pools, while our Summer Season (April to August) gives swimmers the opportunity to compete in 50-meter long course pools in addition to short course meets. We understand that some families are unable to make the year-round commitment to our Swim Team program, which is why we hold separate registrations for each season. However, we strongly encourage swimmers to participate throughout the year to help improve their techniques and times.

USA SWIMMING

The Sanford-Springvale YMCA Titans Swim Team is a member of the USA Swimming, the national governing body for swimming in the United States, and does participate in USA sanctioned meets throughout the year. Titans swimmers have the option of becoming a USA swimmer for an additional fee. Since there are often minimum entry fees associated with USA meets, participation is optional.

PRACTICE GROUPS

White Group: (meet 3 times a week)

Full Season \$275

Half Season \$178

Streamline on front and back. 25 freestyle with rotary breathing and 25 backstroke, without grabbing the wall/lane line. Rudimentary knowledge of breaststroke and butterfly. Dives off the side and jumps from the blocks. Can tread water for 90 seconds. Completes or tries to complete every set.

Blue Group: (meets 3 times a week)

Full Season \$275

Half Season \$178

100 freestyle, 100 backstroke, 25 legal breaststroke, and 25 legal butterfly. Dives off the block. Proficient open turns. Completes or tried to complete every set.

Junior Group: (meets 4 times a week)

Full Season \$320

Half Season \$208

200 freestyle, 200 backstroke, 100 breaststroke, 100 individual medley and 50 butterfly. Proficient breathing on all strokes. Proficient flip turns. Completes or tried to complete every set.

Performance Group: (meets 6 times a week)

Full Season \$380

Half Season \$247

1000 freestyle, 200 backstroke, 200 breaststroke, 100 butterfly and 200 individual medley. Tries to make it to every practice. Completes or tries to complete all swim sets. Assists and mentor younger practice groups.

PRACTICE TIMES

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
White	No Practice	4:30 – 5:30pm	No Practice	4:30 – 5:30pm	4:30 – 5:30pm Drylands 5:45 – 6:30 pm	No Practice
Blue	No Practice	4:30 – 5:30pm	No Practice	4:30 – 5:30pm	4:30 – 5:30pm Drylands 5:45 – 6:30 pm	No Practice
Juniors	Drylands 5:00 – 5:45pm Practice 6:00 – 7:00pm	5:30 – 7:00pm	No Practice	5:30 – 7:00pm	Drylands 5:00 – 5:45pm Practice 6:00 – 7:00pm	No Practice
Performance	Drylands 5:00 – 5:45pm Practice 6:00 – 7:00pm	5:30 – 7:00pm	5:30 – 7:00pm	5:30 – 7:00pm	Drylands 5:00 – 5:45pm Practice 6:00 – 7:00pm	Practice 7:00 – 8:30am

Focus: All groups will focus on technique and aerobic development. There are no meet competitions currently scheduled. We will be working with other local teams to look for ways to have the athletes compete.

Cancellation and refund policy: Program fees are expected to be paid in full prior to the start of the program unless a payment plan agreement has been filled out. The Sanford-Springvale YMCA program fees are non-transferable and non-refundable. Any changes to the practice schedule, including cancellations, you will be notified via email. We will make every effort to give as much advanced warning as possible. Additionally, no refund or credit will be issued for individual practices missed and make-ups will not be an option.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Welcome all new swimmers joining the team. All new swimmers must have an assessment with Ali Fair the Aquatics Director prior to registration. **This assessment will ensure all swimmers are placed on the appropriate team.**

All Titans swimmers must be active Sanford-Springvale YMCA members. See membership guide for more details.

The Swim Team program fee is required to be paid in full at the time of registration. Swimmers who register for the whole summer (4/22 - 8/10) have the option of setting up a payment plan. See the Financial Agreement for details. **Financial Assistance is available to those who qualify.**

NOTE: The YMCA is a non-profit organization. In the event that the participant quits the program, no refunds will be granted.

2024 SPRING / SUMMER PROGRAM PARTICIPANT INFORMATION

New Swimmer Transferring Swimmer From Where _____

PRACTICE GROUP

Performance Junior Blue White

SWIMMER'S INFORMATION (ALL FIELDS REQUIRED)

First Name _____ Middle Name _____ Last Name _____

Swimmer's Nick Name (if any) _____ Gender: M F O

Date of Birth ____ / ____ / ____ Age ____ Expected High School Graduation Year _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

School Attending _____ Grade Entering _____

T-Shirt Size: Youth: S M L Adult: S M L XL

Swim Suit Size: (20 – 38) _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian _____

Work Phone _____ Cell Phone _____ Email _____

Name & Address of Employer _____

Parent/Guardian _____

Work Phone _____ Cell Phone _____ Email _____

Name & Address of Employer _____

EMERGENCY CONTACTS

First Name _____ Last Name _____
Relationship to Child _____ Phone _____
First Name _____ Last Name _____
Relationship to Child _____ Phone _____

MEDICAL INFORMATION

Your child's safety is our #1 priority. Please provide as much detailed information as possible regarding special needs and medication.

Has participant been previously hospitalized? Yes No

If yes, please describe _____

Please describe any medical or emotional illness or disorder that could affect the child's ability to participate safely:

Is the participant allergic to: Medications Food None Other

If yes, please explain & note if any medication is needed:

Does the participant have: Asthma Diabetes Seizures None Other

If yes, please explain & note if any medication is needed: _____

DOCTOR'S CONTACT INFORMATION

Physician's Name _____ Office Phone Number _____
Address _____

BECOME A VOLUNTEER!

Parent/Guardian volunteers are an integral part to a successful swim season. Please check off the areas that you are interested in volunteering for (there are more volunteer options on TeamUnify):

Timer Official Concessions Other _____

AGREEMENT

I have read the Cover Letter, Financial Agreement, Swimmer Code of Conduct, Photo/Video Release, Communications Policy, TeamUnify Information and Liability Waiver, and fully understand them, and signed the agreements personally and on behalf of my swimmer.

Parent/Guardian must sign if individual is under the age of 18 years.

Swimmer's Name _____

Parent/Guardian Name _____

Parent/Guardian's Signature _____ Date _____



Titans Swim Team Summer 2024 Financial Agreement



SWIMMERS NAME:

This swimmer is eligible for financial assistance from the Y or the multiple sibling benefit of 5%.

Please be advised, registrations for any membership, other YMCA programs and/or the Titans, may be denied if there is an outstanding balance on your account.

Full season participant may pay in full at time of registration or choose to schedule monthly payments.

<input type="checkbox"/> Full Season Pay in Full	<input type="checkbox"/> Full Season Monthly Payments	Dates Payments Will Be Drafted
<input type="checkbox"/> White: \$275.00	<input type="checkbox"/> White: \$91.66	May 15 th
<input type="checkbox"/> Blue: \$275.00	<input type="checkbox"/> Blue: \$91.66	June 15 th
<input type="checkbox"/> Junior: \$320.00	<input type="checkbox"/> Junior: \$106.66	July 15 th
<input type="checkbox"/> Performance: \$380.00	<input type="checkbox"/> Performance: \$126.66	Dates that have passed are due upfront.

Half season participants must pay in full at time of registration.

<input type="checkbox"/> Half Season A April 22 – June 15	<input type="checkbox"/> Half Season B June 17 – August 10
<input type="checkbox"/> White: \$178.00	<input type="checkbox"/> White: \$178.00
<input type="checkbox"/> Blue: \$178.00	<input type="checkbox"/> Blue: \$178.00
<input type="checkbox"/> Junior: \$208.00	<input type="checkbox"/> Junior: \$208.00
<input type="checkbox"/> Senior: \$247.00	<input type="checkbox"/> Senior: \$247.00

If you DO NOT have an account already on file, or wish to use a different form of payment, or if your account will expire during the season please fill out the table below.

Circle Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Credit/Debit Card
Bank Name:			
Name on Account/Card:			
Account Number:		Transit/Routing Number:	
Credit Card Type (circle):	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit Card Number:		Expiration Date:	
Signature of Account Holder:		Date:	

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt of payment. Should any preauthorized EFT (or credit card charge) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charges.

Signature _____

_____ I understand that if a payment is not honored by the bank or credit card institution, then the
initial YMCA, at its discretion, will resubmit the amount due for payment on a future date and there
may be a \$10.00 return payment fee charged.

_____ I understand that I must have an account on file to register for the Titans Swim Team.
Initial

_____ I understand it is my responsibility to keep my account on file up to date and will inform the
initial YMCA if and when I have to change the account on file.

_____ I understand that all payments will automatically be deducted from my account on file.
Initial

Meet fees are an additional cost and vary, depending on the event. Fees will be automatically applied to your swimmer's account when he/she signs up for a meet. We will automatically draft your payment when the meet fee is applied to your account.

_____ I understand that meet fees will automatically deduct from my account on file.
Initial

I, _____ hereby consent to the above mentioned payment agreement. Should I have difficulty meeting the dates as mentioned in said agreement, it is my responsibility to notify the Sanford-Springvale YMCA. I also accept full responsibility for any payments that are returned for ANY reason along with any additional returned payment fees should there be any fees associated with the return payment.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____