



SWIM TEAM

PREBLE COUNTY YMCA



- Per swim league rules ... All participants are required to be a member of the PREBLE COUNTY YMCA.
- Team will compete in the Southwest Ohio YMCA Swim League.
- Participants will be required to purchase ... Team Suit, Team Swim Cap, Goggles.
- Meets will be held at various locations in southwest Ohio.
- Practice times are subject to change based on team size/pool usage.
- For more information visit our team website ... www.piranhaswimming.net

**** There will be a \$35 sign up fee per participant .
(Bronze will not have a sign up fee)**

***** ALL Sign ups are final. Once registered you will be responsible for the remainder of the season's payments.**



Silver Level

Ages: 5 - 12 yrs
Intermediate Swimmers
Practice: 1 Hour



Gold Level

Ages: 13 - 18 yrs
Intermediate Swimmers
Practice: 1.5 Hours



National Level

Ages: 13 - 18 yrs
Advanced Swimmers
Practice: 2 Hours

****** New This season:
You must have
coach approval to
select National Level
practices.**

Levels	Day(s)	Time(s)	Monthly Cost	Season Cost
Silver (1 Day)	Tuesdays	5:00p - 6:00p	\$40	\$240
Silver (2 Day)	Tuesdays & Thursdays	5:00p - 6:00p	\$75	\$450
Silver (3 Day)	Tues, Thurs & Fri	5:00p - 6:00p	\$100	\$600
Gold (2 Day)	Tuesdays & Thursdays	5:00p - 6:30p	\$100	\$600
Gold (3 Day)	Mon, Wed, & Fri	5:00p - 6:30p	\$120	\$720
Gold (4 Day)	Tues, Wed, Thur, & Fri	5:00p - 6:30p	\$140	\$840
Gold (5 Day)	Mon - Fri	5:00p - 6:30p	\$160	\$960
National (3 Day)	Mon, Wed & Fri	5:00p - 7:00p	\$140	\$840
National (4 Day)	Mon - Thur	5:00p - 7:00p	\$165	\$990
National (5 Day)	Mon - Fri	5:00p - 7:00p	\$195	\$1,170

**Due to new federal regulations:
All coaches and parents of sports
participants will be required to
complete an online training and
sign a waiver stating that they
have completed said training and
are aware of the dangers
associated with sudden cardiac
arrest in minors during sports
related events. Please see the
Aquatics Director or Coach for
more information.**

Preble Y Swim Team

2025 - 2026

Today's Date: _____

Participant Information

First Name: _____ Last Name: _____

Birthdate: ____/____/____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Email Address: _____

Training Information

Number Yrs Experience Swimming: _____ Swimming Level: Beginner Intermediate
(Circle One) Advanced

Special Request/Needs: _____

Registration Information

Level Option: ☐ Silver (1 Hour) ☐ Gold (1.5 Hours) ☐ National (2 Hours)

****Requires Coach Approval**

Number of Practices per Week: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

1. I hereby certify that my child is in normal health and capable of safe participation in the competitive sports program. I assume all risk(s) and hazards incidental to the conduct of this program and will provide for transportation to and from the program. I hereby authorize the YMCA or other facility staff to obtain medical treatment for myself or my child in the event that the emergency contact cannot be reached.

2. I give permission for my child to be photographed or videotaped for in house use, newspaper, television, or any other form of media.

Please circle one: Yes or No

3. Caring: I will offer congratulations to opponents win or lose and promote positive team spirit and morale by being humble in victory and courageous in defeat.

4. Honesty: I will tell the truth and be fair.

5. Respect: I will respect the decisions made by officials, and coaching staff. I will treat other players, fans, coaches, and staff with courtesy/consideration.

6. Responsibility: I will follow directions from all staff and coaches, as well as follow all safety rules. I will do what is right and be accountable for my actions.

7. I have read all of the information listed above and have discussed it all with my child

Participant or Parents/Guardian

Signature: _____ Date: _____

Swim Team Payment Authorization

2025 - 2026

** 10 days notice Required for all payment changes.

Current Information

Agreement made between _____ and the Preble County YMCA on _____
(Parent/Guardian(s) Name)

(Today's Date)

Parent Name: _____ Parent DOB: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Child's Name: _____ Birthdate: ____/____/____

Level: _____ # Practice Day(s): _____ Monthly Cost: _____

Account Information

**** Season must be paid in full or set up to automatically withdrawal from an account each month.**

Monthly Scheduled Payment Dates:

Sept: _____

Dec: _____

Mar: _____

Oct: _____

Jan: _____

(Please fill out date each month
you would like payment to occur)

Nov: _____

Feb: _____



EFT:



Checking



Savings

-or-

Routing #: _____ Account #: _____



Credit/Debit Card:



Visa



Mastercard



American Ex.



Discover

Name on Account _____ Card #: _____

Ex Date: _____ CCN: _____ Zip Code: _____

Payment Terms and Conditions

Electronic Funds Transfer Authorization: I authorize my bank to honor pre-authorized drafts drawn on my account, such drafts constitute my receipt for the payment. If at any time there is to be a change of services, it is to be submitted by email to Ashleigh, 10 days prior to the needed change. _____ Int.

All Drafts returned "Non - Sufficient Funds" (NSF) will be drafted as soon as funds are available. I/We understand that meet fees will be automatically withdrawn separately through the Team Unify website unless other payment arrangements are made.

By signing below, I/We agree to the above Swim Team payment terms.

Parent / Guardian Signature

Date