



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, or may be virtual due to Covid-19.

- Due to covid-19 restrictions practice days/times will be strictly enforced.
- 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 .

*** ALL Sign ups are final. Once registered your swimmer is required to complete the season.



Bronze Level

Ages: 5 - 11 yrs /
Beginners Swimmers
Practice: 45 Minutes



Silver Level

Ages: 5 - 11 yrs /
Intermediate Swimmers
Practice: 1 Hour



Gold Level

Ages: 12 - 18 yrs /
Intermediate Swimmers
Practice: 1.5 Hours



National Level

Ages: 12 - 18 yrs /
Advanced Swimmers
Practice: 2 Hours

Level	Days	Times	Monthly Cost	Season Cost
Bronze (1 Day)	Wednesdays	5:00p - 5:45p	\$17	\$102
Bronze (2 Day)	Tuesdays & Fridays	5:00p - 5:45p	\$34	\$204
Silver (2 Day)	Tuesdays & Thursdays	5:00p - 6:00p	\$45	\$270
Silver (3 Day)	Mon, Wed & Fri	5:00p - 6:00p	\$60	\$360
Gold (2 Day)	Monday & Friday	5:00p - 6:30p	\$65	\$390
Gold (2 Day)	Tuesday & Thursday	5:00p - 6:30p	\$65	\$390
Gold (3 Day)	Mon, Wed & Fri	5:00p - 6:30p	\$88	\$528
National (3 Day)	Mon, Wed & Fri	5:00p - 7:00p	\$120	\$720
National (4 Day)	Mon, Tue, Thur, Fri	5:00p - 7:00p	\$150	\$900
National (5 Day)	Monday - Friday	5:00p - 7:00p	\$180	\$1,080

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.

Registration Dates:
Register Anytime

Parents Meeting/Suit Fitting:
TBA

Season Runs:
9/13/2021 - 03/18/2022

BENEFITS OF YMCA COMPETITIVE SWIM

- Everyone participates
- Focus on fun and learning
- Stroke Development
- Highly Trained Coaches
- Parent Involvement
- Positive Environment
- Local Swim Meets
- National Level Swim Meets



***** ALL Sign ups are final. Once registered your swimmer is required to complete the season. No refunds will be provided, and all remaining balances are still expected to be paid.**

Child's Name _____ Gender _____ Age _____ Birth date _____
Address _____ City _____ Zip _____ Phone _____
Parent/Guardian's Name _____ Work Phone _____
E-Mail Address (*Required) _____
Emergency Contact _____ Phone _____ Relationship _____
Special Requests/Needs _____ Years of Exp _____

Please choose your practice option:

- | | |
|---|---|
| _____ A. Bronze 1 Day (Wed 5 - 5:30p) | _____ F. Gold 2 Day (Tue & Thur 5 - 6:30p) |
| _____ B. Bronze 2 Day (Tue & Fri 5 - 5:45p) | _____ G. Gold 3 Day (Mon, Wed & Fri 5 - 6:30p) |
| _____ C. Silver 2 Day (Tue & Thur 5 - 6p) | _____ H. National 3 Day (Mon, Wed & Fri 5 - 7p) |
| _____ D. Silver 3 Day (Mon, Wed, & Fri 5-6p) | _____ I. National 4 Day (Mon, Tue, Thur, Fri 5 - 7p) |
| _____ E. Gold 2 Day (Mon & Fri 5 - 6:30p) | _____ J. National 5 Day (Mon - Fri 5 - 7p) |

How did you hear about our program? (YMCA) (School Flyer Drop) (Newsletter) (Internet) (Friend/Family) Other: _____

Please Circle Shirt Size: YS YM YL AS AM AL AXL A2XL

1. I hereby certify that my child is in normal health and capable of safe participation in the competitive swim 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 to obtain medical treatment for my child in the event that parent(s) and 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 YMCA staff. I will treat other players, fans, coaches, and staff with courtesy and consideration.
6. **Responsibility:** I will follow directions from YMCA 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

Parents/Guardian Signature: _____ **Date:** _____

Attention Parents: Our programs rely on volunteers and sponsors. Even if you don't have experience, YMCA staff and volunteers can help you get started. I am willing to volunteer. (circle one)

VOLUNTEER **\$100 SPONSORSHIP**
Name _____ Phone Number _____ Shirt Size _____

YMCA USE ONLY (Swim Team)

Date: _____ Amt. pd: _____ Ca / Ck / MC / Visa / DC Paid in Full? YES NO

If No - date each month payment is scheduled: _____ Practice Option: A B C D E F G H I J Staff in _____

SWIM TEAM PAYMENT AUTHORIZATION

*10 Days Notice is required for all changes.

Agreement made between _____ and (PREBLE COUNTY YMCA) on _____.
Parent / Guardian Name Today's Date

Current Information:

Parent /Guardian Name (print): _____ Parent DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Email: _____

Child 1 Name: _____	Child 1 DOB: _____	Session: _____	Monthly Fee: _____
Child 1 Name: _____	Child 1 DOB: _____	Session: _____	Monthly Fee: _____
Child 1 Name: _____	Child 1 DOB: _____	Session: _____	Monthly Fee: _____
Child 1 Name: _____	Child 1 DOB: _____	Session: _____	Monthly Fee: _____

Account Information:

* Season Must be paid in full or Scheduled to Automatically draft from an account.

Monthly Scheduled Payments: (fill out dates you would like each month to draft)

Sept _____	Jan _____
Oct _____	Feb _____
Nov _____	Mar _____
Dec _____	

EFT:

☐ Checking Account ☐ Savings Account
Routing #: _____ Account #: _____

-or-

Credit Card:

☐ Visa ☐ Master Card ☐ Discover ☐ American Ex.
Name on Card: _____ Card #: _____ Exp. _____
Billing Address: _____ Zip: _____

Payment Terms and Conditions:

Electronic Funds Transfer Authorization

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for swim team payments. When the bank or credit card carrier honors the draft by charging 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 through email to abuffenbarger@daytonymca.org 10 days prior to the change needing to occur. _____ Initial

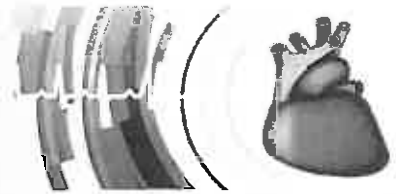
All drafts returned "non-sufficient funds" (NSF) will be drafted as soon as funds are available. I/We also understand that meet fees will be automatically withdrawn separately through the Team Unify Team Website unless other arrangement are made.

By signing below, I/we agree to following Swim Team payment terms.

parent / guardian signature

date

Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach **MUST** remove the youth athlete from activity immediately. The youth athlete **MUST** be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date

