



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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CO-ED STINGRAY SWIM TEAM SOUTHERN PRAIRIE YMCA



Swim Team is designed to encourage and motivate each swimmer to develop their competitive swimming skills and personal character. This includes quality instruction and building confidence through goal setting, promoting a positive work ethic and creating opportunities for achievement. We also seek to build relationships and create a community where every swimmer is valued, connected and supported.

Requirements: Participants must be able to swim 25m unassisted and be a YMCA member at time of registration.
Boys and Girls ages 5-21 years

Blue Group: Younger and/or Recreational Swimmers
Practice: Tues/Thurs 6:00-7PM
Monthly Fee: \$35 (4 months)
Dates: Sept. 30 - Feb. 9

Black Group: Competitive Swimmers
Practice: Mon/Tues/Thurs 6:00-8:00pm
Monthly Fee: \$45 (5 months)
Dates: Sept. 30 — March 17

Meets: 1-2 Saturdays/month (Nov-Jan), plus championship meets (Feb-Mar)
Parents will need to provide transportation to/from meets.

Cost: Annual Registration Fee \$50 (Due at registration)
(covers Team Registration, Meet Fees, Team Suit/Cap)
Monthly Fee (Payable in full at registration or the 1st of each month)
*Family Discount: \$10 off monthly fee for additional swimmers in the same family
*Financial Assistance available for those who qualify.

Parent Meeting: Monday, September 23 at 6:30pm

Coach: Nicole Webber

Questions? Email Nicole at stingrays@southernprairieymca.com
Click on the Youth Development/Stingray tab at www.southernprairieymca.com
Contact Missy Wernli, Aquatics Director at 641-782-9622



SOUTHERN PRAIRIE YMCA

1201 W TOWNLINE, CRESTON, IA 50801

641-782-9622

WWW.SOUTHERNPRAIRIEYMCA.COM

Southern Prairie YMCA Stingray Swim Team 2019-2020

Swimmer's Name	SwimSuit Size	Shoe Size (fins)	Age	Date of Birth MM/DD/YYYY	Practice Group
1.					Blue OR Black
2.					Blue OR Black
3.					Blue OR Black

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact: _____

Secondary Contact: _____

Relationship to Swimmer: _____

Relationship to Swimmer: _____

Primary Email: _____

Secondary Cell #: _____

Primary Cell #: _____

Home Phone: _____

Text OK? Yes / No

Occupation: _____

Home Phone: _____

Occupation: _____

Latex Allergy? Yes / No

Medical Conditions or Special Notes:

In my absence and in the event of physical injury to my child(ren), I hereby allow my child(ren) to be treated by a physician or other medical personnel. To properly treat a physical injury, this may mean using ambulance and hospital services in the local area where the injury was sustained.

(Parent of Guardian Signature)

(Date)

The Southern Prairie YMCA has permission to photograph my child and use photos in marketing/promotional materials for the Y.

Yes _____ No _____

Southern Prairie YMCA Swim Coaches have permission to video tape my child and use videos for technique correction/instruction.

Yes _____ No _____ Parent/Guardian Signature _____

For a swim team to function, we need the help of all families by volunteering in some way. Please note below the volunteer roles you would be interested in helping out with.

Timer _____ Team Photography _____ Provide food/snacks for Team Events _____

Interested in becoming a certified official? Yes__ No__ Name: _____

Date Paid: _____ Amount Paid: _____ YMCA Member: _____