

Dolphin YMCA Swim Team

2009-2010 Swim Team starts October 5th!

Practices tentatively as follows:

8 yrs & under: 3:30-4:15 or 4:15-5:00 Tuesdays & Thursdays and Fridays 3:30-4:30

(All 8&U are to come at 3:30 the first day so Coaches can determine which time they will practice on Tuesdays & Thursdays.

All 8&U practice together on Fridays at 3:30)

9-10 yrs 3:30-4:30 Mondays & Wednesdays and 4:30-5:30 Fridays

11-12 yrs and 4:30-5:30 Mondays & Wednesdays and 5:30-6:30 Fridays

13 yrs and older 5:30-6:30 Mondays, Wednesdays and Fridays

Important!

Informational Meeting for New Parents

September 21st, 6:30-7:30 p.m. at ISD #181 South Campus



Fees: I. Early Bird Discount fee per Swimmer - \$160, after September 25th - \$165

10% discount for 2nd and 3rd family members

Boys Jr. High swimmer – Early Bird Discount - \$85, after September 25th - \$90

Girls JV or Varsity swimmer – Early Bird Discount - \$120, after September 25th - \$125

Boys JV or Varsity swimmer - Early Bird Discount - \$55, after September 25th - \$60

II. 1 Year - YMCA Youth Membership* – (As required by State Swim League)

\$168 (paid in full) or \$14 (monthly bank draft, minimum of one year)

*Enrollment fee waived for swim team members

Mail or drop off form with fees / checks payable to: Brainerd Family YMCA, 602 Oak St. Brainerd, MN 56401

Questions? Contact Jane at 829-4767, or jhansen@brainerdlakesymca.org

2009-2010 Swim Team Registration Form

Registration Deadline October 1, 2009

Name _____ Birth date ___/___/___ Gender M F Age _____
(One swimmer per registration form) (as of 12/1/09)

Parent or Guardian _____ Phone # _____

Address _____ City _____ Zip _____

Parent Work # _____ Parent Cell # _____

Email address _____ (all important info is emailed out – no handouts)

Emergency Contact _____ Phone # _____ Relation _____

Doctor's Name _____ Phone # _____

I give permission for my child to participate on the 2008-2009 Dolphin Swim Team and accept full responsibility for any and all injuries that may occur. I also release all pictures/video of my child taken by the YMCA for promotional use only by the YMCA.

Parent/Guardian Signature _____ Date _____

Office Use: Membership Fee _____ Expiration Date _____ Team Fee _____ Check # _____ Staff _____ Date _____