

PUTNAM COUNTY YMCA SWIM TEAM

Swim Team Coach Katie Nielson

knielson@putnamymca.org

GROUPS	DAYS	TIMES	GROUP DESCRIPTION
Black	Monday –Friday	5:30-6:15pm	First time swimmers who will be working on stroke technique.
Red	Monday-Friday	5:30-6:15pm	Swimmers who have swim team experience and need less stroke technique.
Bronze	Monday– Friday	4:30-5:30pm	Swimmers who have been recommended from Red.
Silver	Monday– Friday	4:30-5:30pm	Swimmers who have been recommended from Bronze.
Gold	Monday-Friday	4:30-6:00pm	Swimmers who have been recommended from Silver.

1st Swimmer: \$220	2nd Swimmer: \$195	3rd Swimmer: \$155	4th+ Swimmers: \$75/Child	High School: \$95
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Registration Night—September 15th 2025 4:30-6:00pm

- All new swimmers interested in joining the team will need to come to **"Watch and See"**. At this time the coaches will evaluate ability of swimmer to determine if ready for swim team and what group best fits. **New swimmers will only be accepted if they can swim one length on their stomach and back independently.**
- **Poco Loco Swim Shop** will also be at the Y with our team suit, practice suits and supplies for all your swimmers needs to purchase
- Registration can be done at this time.

Payment: A \$75.00 deposit per child, is required at time of registration. Full payment needs to be paid by **November 30th**. If payment is not received, the swimmer will not participate until the bill is paid.

(Your account is not automatically charged for swim team fees unless you indicate this up front)

September 16th, 20245 First practice for Gold, Silver

September 22nd, 2025 First practice for Bronze

September 29th 2025 Red and Black

Registration and deposit needs to be complete before you are able to start practice.

If you register for the 2025 - 2026 you are responsible for the full fee amount by November 28th, 20245 even if you do not complete the season.

MUST BE A MEMBER OF THE PUTNAM COUNTY YMCA TO PARTICIPATE—See YMCA for Details of Memberships.



PUTNAM COUNTY YMCA SWIM TEAM REGISTRATION

Name _____ Middle Initial _____

Birthdate _____ Age _____

Address _____ Cell Phone Number _____

Parent's Name _____ Email Address _____

GROUP SWIMMER FINISHED 2024 SEASON (Circle One)

HS

GOLD

SILVER

BRONZE

RED

BLACK

NEW SWIMMER

CONSENT FOR EMERGENCY TREATMENT

We the parents of _____ give permission for medical treatment of our child for illness or accidents if we cannot be contacted.

*Parent/Guardian Signature _____

Does your child have allergies or require special medications? YES NO

Please Explain _____

Emergency Contact Person (Other Than Parent)

Name _____

Phone Number _____

We hereby agree that the Putnam County YMCA Swim Team, its members, coaches, or officers shall not be liable for any injury, illness or loss which my child/children may sustain while participating in activities of any kind, whether sponsored by or under supervision of the Putnam County YMCA Swim Team, its members, coaches, officers or designates of any kind from claim whatsoever.

Parent/Guardian Signature _____ Date _____

TERMS OF THE PUTNAM COUNTY YMCA SWIM TEAM

We hereby agree that any inappropriate behavior by the swimmer, such as name calling, hitting, biting, disrespecting coaches or another swimmers, will result in consequences. The coach will give the swimmer 2 verbal warnings before being dismissed for the rest of that day's practice. If inappropriate behavior continues, other discipline actions will be considered.

Parent/Guardian Signature _____ Date _____

We hereby agree that the full payment is due by November 28th, 2025. We agree that if we have not completed payment by the above date, the swimmer(s) will no longer be able to participate in the program until payment is received. We understand that even if our participation in swim team ends we are still responsible for the full fee amount for every child registered for swim team by November 28th, 2025.

Parent/Guardian Signature _____ Date _____

Please give T-Shirt size _____.