

Mission Statement: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

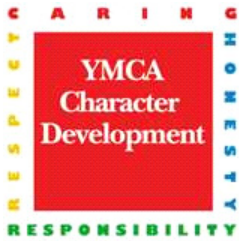
The YMCA Sea Dragons Youth Swim Team is committed to:

- *Developing quality swim strokes, starts and turns
- *Allowing youth to experience the excitement of competition in a friendly environment
- *Encouraging swimmers to make new friends
- *Having fun!

All swimmers must be evaluated prior to joining the team. At that time they will be assigned a practice team and given a registration card to be presented to the member services staff for registration. All swimmers, no matter the age or experience, must be able to perform a minimum of the 3 of the 4 competitive strokes, older swimmers must demonstrate additional skills. Options will be discussed if the swimmer is not ready for the team.

Practice Times

Yellow Dragons	Monday & Wednesday 3:30-4:15 pm Saturday 10:00-11:00 am
Green Dragons	Monday & Wednesday 4:15-5:15 pm Saturday 9:00-10:00 am
Red Dragons	Monday & Wednesday 5:15-7:00 pm Tuesday & Thursday Dry Land 4:30-5:30/ Swim 5:30-6:30 Friday 5:00-6:30 Saturday 8:00-9:30 am
Blue Dragons & Senior Team	Monday, Wednesday, Friday 5:15-7:00 pm Tuesday & Thursday Dry Land 4:30-5:30/ Swim 5:30-6:30 Friday 5:00-6:00



DeVos-Blum Family YMCA
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Sea Dragon Swim Team Fees

All fees are paid at time of registration, coaching fees are paid monthly. Please see Coach Ozzie for your new swim team member packet prior to paying fees.

Member:		Youth Member:	
___ Yellow & Green	\$45 monthly	___ Yellow & Green	\$60 monthly
___ Red, Blue & Senior	\$55 monthly	___ Red, Blue, & Senior	\$75 monthly
Non-Member:	\$100 monthly		

USA Annual Swimming Registration/Membership Fee	\$55 per year
Annual Sea Dragons Registration, paid to the YMCA	\$20
Swim Meet escrow account,	\$50.00/swimmer
Team Orientation Package One Time Fee (Towel, T-Shirt, and Swim Cap)	\$30

Registration Form

Participant Name: _____ Age: _____ DOB: _____ M or F

Address: _____ City _____ Zip Code: _____

Phone: () _____ Alt. Phone: () _____

Employer / School: _____ E-Mail Address: _____

Medical Conditions: _____ Medications: _____

How did you hear about us:
 Program Guide _____ Friend _____ Drive By _____ Other: _____

Signature of Parent or Guardian _____ **Date:** _____

Print Name: _____

Registration/Refund Policy

- Payment options: Payment in full for the year or monthly bank draft from the account of your choice. Please refer to the Authorization for ACH Drafts or Debit Form.
- Taking a break: Please fill out the Membership/Program Change Form and submit the form 5 days prior to your draft date. Forms received less than three days from the draft date may not be processed in time and will be subject to payment for the month.
- No refunds or make-ups are given for missed practices. Fees are not pro-rated when starting in the middle of the month.
- Credits may be issued for medical reasons only, with doctors note.
- **NO MAKEUPS FOR INCLEMENT WEATHER**