



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

ACHIEVE SOMETHING TOGETHER

QUICKSILVER SWIM TEAM

Our youth swim team is designed for kids ages 5 through 18 who are advanced swimmers and wish to pursue competitive swimming in a fun and positive environment.

TEAMS	PRACTICE DAYS	PRACTICE TIMES	MONTHLY TEAM FEES	SEASON TEAM FEES
FALL/WINTER				
Senior/Black	Sep 13-Nov 12	Mon thru Fri	4:00-5:30 pm	\$63
	Nov 15-Mar 11	Mon thru Fri	5:30-6:45 pm	
Silver	Oct 4-Mar 11	Mon thru Fri	5:30-6:45 pm	\$55
QS1	Oct 4-Mar 11	Mon thru Fri	5:30-6:30 pm	\$42
GISH			3 months	\$190
SPRING/SUMMER				
Senior/Black	Apr 19-Jul 23	Mon thru Fri	4:00-5:30 pm	\$63
Silver	May 3-Jul 23	Mon thru Fri	5:30-6:30 pm	\$55
QS1	May 4-Jul 23	Mon thru Fri	5:30-6:30 pm	\$42
Practices on Wednesdays for all groups is 5:30-6:30.				
To be a member of the YMCA Quicksilver Swim Team, you must be a YMCA member. Swimmers must purchase a US Swim Registration.				

Quicksilver Swim Team Level: Senior Black Silver QS1

Child's Name: _____

Boy Girl

Address: _____

Birthdate: _____ Age _____

City: _____ State: _____

Zip: _____

Dad or Mom (Guardian) Email: _____

Phone / Cell: _____

YMCA Member Yes / No

Emergency Contact : _____

Emergency Phone / Cell: _____

PAYMENT: Full Pay Bank Draft (complete bank information on opposite side)

I, the undersigned, as parent or guardian in the above Grand Island YMCA Program, acknowledge the existence of and assume full responsibility for certain risks associated with this program which may cause damage to property or personal bodily injury or death to the participant. My signature on this waiver verifies that I will not hold the Grand Island YMCA liable or accountable for any injury to my self or my legal dependents while participating in this YMCA Program. PHOTO PERMISSION: I do hereby grant permission for pictures to be used in publicity or brochures related to the Grand Island YMCA.

Signature _____

Date _____

GRAND ISLAND YMCA

221 E South Front Street - 2300 N Webb Road, Grand Island, Nebraska 68801
P 308 395 9622 P 308 384 1299 www.giymca.org



7-23-2021

**GRAND ISLAND YMCA
DRAFT AUTHORIZATION**

In connection with my membership in the Grand Island YMCA, I/We hereby authorize you to draw drafts on my account on the 1st of each month with

BANK DRAFT (option one)

(Bank) (City) (State)

Routing _____

Account # _____

Name as listed on the account _____

(Name)

Checking _____ Savings _____

CREDIT CARD DRAFT (option two)

Name on Account _____

Circle One: VISA MasterCard American Express Discover

Card Number _____

Expiration Date _____

(Name)

Draft Payment Plan:

I understand that my YMCA Swim Team program fee will continue to be drafted each month of the Program (Summer Season: May, June, July; Winter Season: October, November, December, January, February, March). I understand that I must re-authorize the draft for each season that my child participates in Swim Team.

Authorized Signature (must be account holder)

Date