



HRYMCA DOLPHINS SWIM TEAM

SUMMER 2026 REGISTRATION PACKET

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SEASON DATES:

- First Practice: Monday, April 27th
- Last Practice: Monday, July 27th

REGISTRATION FORM

Family Name: _____

Select the practice group: Dolphins Club Division Age Group Division USA Dolphins/Senior Division

GROUP	SWIM TEAM PROGRAM FEE (HOUSEHOLD MEMBER)	SWIM TEAM PROGRAM FEE (YOUTH/TEAM ONLY MEMBER)
Dolphins Club Division	\$303	\$363
Age Group Division	\$447	\$541
USA Dolphins Division	\$576	\$692

Note: All payments, full and monthly draft, must be submitted on time in order for a swimmer to participate in practice. If a payment is missing, parents will need to come and pick up their swimmer. If you are unable to do so then the swimmer will be asked to wait on the pool deck until practice is over. If a household has two siblings, the second child is eligible for a 5% discount assuming one individual is signed up for all sessions. Payment and registration are due by April 22 by 4:00pm.

Note: The Dolphins Club team is comparable to previous seasons Pre-Swim team and Developmental groups and is focused on fun and general exercise. The Age Group team is comparable to the previous seasons Developmental, Juniors, and USA Dolphins groups where swimmers are looking for an introduction / continuation into competitive swimming and USA swimming. The USA Dolphins team is comparable to previous seasons Juniors and Seniors groups where the swimmer is looking for a high level of competitive swimming and USA swim meets.

1st Swimmers Group: _____ 1st Swimmers Group: _____

2nd Swimmers Group: _____ 2nd Swimmers Group: _____

3rd Swimmers Group: _____ 3rd Swimmers Group: _____

Total Fee: \$ _____

SWIM TEAM SUMMER 2026 BANK DRAFT			DRAFT DAY IS THE 27TH OF EACH MONTH		
Household	Program Fee	Total Cost	April Deposit	Balance Due	Bank Draft 2 months
Dolphins Club	\$303	\$303	\$101	\$202	\$101
Age Group	\$447	\$447	\$149	\$298	\$149
USA Dolphins	\$576	\$576	\$192	\$384	\$192
Y-Team / Youth	Program Fee	Total Cost	July Deposit	Balance Due	Bank Draft 2 months
Dolphins Club	\$363	\$363	\$121	\$242	\$121
Age Group	\$541	\$541	\$180	\$361	\$180
USA Dolphins	\$692	\$692	\$231	\$461	\$231

SPRING/SUMMER PRACTICE SCHEDULE

GROUP	SUN	MON	TUE	WED	THU	FRI	SAT
USA Dolphins/Senior Division	OFF	6:00-8:00pm	6-8pm	6:00-8:00pm	6:00-8:00pm	6:00-8:00pm	8:00-10:00am
Age Group Division	OFF	AGE 1: 4:30-6:00pm AGE 2: 4:30-5:45pm	OFF	AGE 1: 4:30-6:00pm AGE 2: 4:30-5:45pm	OFF	AGE 1: 4:30-6:00pm AGE 2: 4:30-5:45pm	OFF
Dolphins Club Division	OFF	OFF	4:30-5:30pm	OFF	4:30-5:30pm	OFF	ALT 10:00-11:00am

PERSONAL INFORMATION

1st Swimmers Name:			
	First	Middle (Full)	Last
Date of Birth: / /	Gender Identity:		Pronouns:
Street Address:			
City:		State:	Zip Code:

2nd Swimmers Name:			
	First	Middle (Full)	Last
Date of Birth: / /	Gender Identity:		Pronouns:
Street Address:			
City:		State:	Zip Code:

3rd Swimmers Name:			
	First	Middle (Full)	Last
Date of Birth: / /	Gender Identity:		Pronouns:
Street Address:			
City:		State:	Zip Code:

1st Parent/Guardian Name:		
Cell Phone:	Home Phone:	Work Phone:
Address:		
Email (This will be your login email for TeamUnify):		

1st Parent/Guardian Name:		
Cell Phone:	Home Phone:	Work Phone:
Address:		
Email () <small>Please place an [X] in the box if you would like to get Team Unify emails to this address, in addition to the one listed above</small>		

Note: The above information will be used to generate a team list, which may be distributed to all team families. Please make sure that all information is correct. If do NOT wish to be included on a shared team list, please initial here: _____

Emergency Contact: Please list someone OTHER than a parent/guardian
Relationship:
Cell Phone:
Other number where they can be reached:

Are there any health problems affecting your child / children? If so, please list:

Is there anything about your child / children's past, development, or behavior that coaches should know in order to better work with them? If so, please explain:

My child / children learn best with a **Visual** **Auditory** **Kinesthetic** teaching style.

PARENT AUTHORIZATION

In the event I can't be reached in an emergency, I hereby give permission to the physician/medical personnel selected by the YMCA Staff to secure proper medical treatment for my child.

Signature: _____ Date: _____

SWIMMERS CODE OF CONDUCT

The purpose of the HRY Dolphins Swim Team is to provide a meaningful experience and opportunity for recreational and competitive swimmers. The YMCA Character Values of Caring, Honesty, Respect and Responsibility guide the swim team to ensure an atmosphere of safety and belonging for all participants.

Caring

- I will be supportive of my teammates.
- I will do my best to be a role model to younger swimmers.
- I will take pleasure in and celebrate others success.

Honesty

- I will tell the truth.
- I will own up to and apologize for my mistakes.

Respect

- I will demonstrate good sportsmanship at all times.
- All cheering will be positive.
- I will be respectful of teammates, competitors for other teams, officials, coaches and parents at all times.
- I will treat facilities and equipment we are privileged to use with respect.
- I will use respectful language and refrain from abusive or profane language.
- I will not bully other swimmers.
- I will show respect by winning and losing with dignity, humility and good sportsmanship.

Responsibility

- I will take responsibility for my own actions.
- I will help with set up, clean up and putting equipment away.
- I take responsibility for my swimming performance recognizing that my efforts in practice lead to my results in meets.
- I will base my success on my own performance, not by comparing it to others.
- I will come to practice ready to do my best and will not be disruptive to others.
- I will act in a safe and intelligent manner at all times.
- I will do my best to model Y values.
- I will represent the Y and the team in a manner for which we can all be proud.

SUMMER 2026 HRY DOLPHINS SWIM TEAM

I have read and I understand the YMCA Code of Conduct for the HRY Dolphins Swim Team. I agree to abide by the expectations described above and understand that I may receive disciplinary action that may include being removed as a participant if I fail to meet any of the expectations.

Swimmers Name: (Print) _____

Swimmer Signature: _____ Date: _____

Parent Signature: _____ Date: _____

HAMPSHIRE REGIONAL YMCA DOLPHINS SWIM TEAM PARENTS' CODE OF ETHICS

I hereby pledge to provide positive support, care, and encouragement for my child participating in the Hampshire Regional YMCA Swim Team by following this Parents' Code of Ethics:

1. I will encourage good sportsmanship by demonstrating positive support for all swimmers, coaches, and officials at every meet, practice or other team event.
2. I will place the emotional and physical wellbeing of my child ahead of my personal desire to win. I will remember that the meet is for the swimmer, not for the adult.
3. I will insist that my child participate in a safe and healthy environment.
4. I will require that my child's coach be trained in the responsibilities of being a YMCA Swim Coach and that the coach upholds the Coaches' Code of Ethics.
5. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all. I understand that criticizing, name-calling, use of abusive language or gestures directed toward the coaches, officials, other parents and/or any participating swimmer will not be permitted or tolerated.
6. I will demand a swimming environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all YMCA Swimming Events.
7. I will do my very best to make participation in competitive swimming fun for my child. I will ask my child to treat other swimmers, coaches, fans and officials with respect regardless of race, sex, creed or ability.
8. I will help my child enjoy the Dolphins Swimming experience by doing whatever I can, such as being a respectful fan, assisting at meets, providing transportation or fund raising for the program.
9. I understand that in order for the team to run a successful meet, it is imperative that a member of each participating family assist with the meet.
10. I understand that in order for the team to run a successful HOME meet, each family of a participating swimmer must donate a food table item.
11. I will practice teamwork with all the parents, swimmers, and coaches by supporting the YMCA Core Values of Respect, Responsibility, Caring and Honesty.
12. I will keep my team & club accounts up to date and will make all of my payments on time.
13. I will not use an electronic device in any locker room whether at a meet or practice.

HAMPSHIRE REGIONAL YMCA DOLPHINS SWIM TEAM TRAVEL POLICY

Code of Conduct:

- Team members will display proper respect and sportsmanship toward coaches, officials, administrators, teammates, fellow competitors and the public at all times. It is the responsibility of each swimmer to make every effort to avoid guilt by association with such activities.
- Team members and staff will refrain from any illegal or inappropriate behavior that would detract from a positive image of the team or be detrimental to its performance objectives.
- The possession or use of alcohol or tobacco products by any athlete is prohibited.
- The possession, use, or sale/distribution of any controlled or illegal substance or any form of weapon is strictly forbidden.
- No "deck changes" are permitted. Athletes are expected to use available locker room facilities.
- Team members are reminded that when competing in meets, traveling on trips, and attending other meet-related functions, they are representing both themselves and the Hampshire Regional YMCA. Athlete behavior must positively reflect the high standards of the Dolphins Swim Team.
- Swimmers are to refrain from inappropriate physical contact at team activities and events.
- Swimmers are to refrain from use of inappropriate language.

SECTION 1 – USA SWIMMING REQUIRED POLICIES

Club and LSC travel policies must include these policies. These items are Code of Conduct stipulations in the USA Swimming Rulebook.

1. Club travel policies must be signed and agreed to by all athletes, parents, coaches and other adults traveling with the club. (305.5.D)
2. Team managers and chaperones must be members of USA Swimming and have successfully passed a USA Swimming-administered criminal background check. (305.5.B)
3. Regardless of gender, a coach shall not share a hotel room or other sleeping arrangement with an athlete (unless the coach is the parent, guardian, sibling, or spouse of that particular athlete). (305.5.A)
4. When only one athlete and one coach travel to a competition, the athlete must have his/her parents' (or legal guardian's) written permission in advance to travel alone with the coach. (305.5C)

SECTION 2

1. Athletes should not ride in a coach's vehicle without another adult present who is the same gender as the athlete, unless prior parental permission is obtained.
2. To ensure the propriety of the athletes and to protect the staff, there will be no male athletes in female athlete's rooms and no female athletes in male athlete's rooms (unless the other athlete is a sibling or spouse of that particular athlete).
3. A copy of the Dolphins Travel Policy must be signed by the athlete and his/her parent or legal guardian.
4. Curfews shall be established by the Head Coach staff each day of the trip.
5. Team members and staff traveling with the team will attend all team functions including meetings, practices, meals, meet sessions, etc. unless otherwise excused or instructed by the head coach or his/her designee.
6. The directions & decisions of coaches/chaperones are final.
7. Swimmers are expected to remain with the team at all times during the trip. Swimmers are not to leave the competition venue, the hotel, a restaurant, or any other place at which the team has gathered without the permission/knowledge of the coach or chaperone.
8. When visiting public places such as shopping malls, movie theatres, etc. swimmers will stay in groups of no less than two persons.
9. The Head Coach or his/her designee shall make a written report of travel policy or code of conduct violations to the appropriate club or LSC leadership and the parent or legal guardian of any affected minor athlete.

SECTION 3

Swimmers are expected to adhere to the following:

1. Be quiet and respect the rights of teammates and others in hotel;
2. Be prompt and on time;
3. During the meet cell phone use is only permitted to contact parents;
4. Respect travel vehicles;
5. All participants will wear designated team apparel during traveling to and while attending the meet.
6. Must stay in assigned hotel room
7. Needs and wellbeing of the team come first.
8. No room service without permission;
9. Swimmers responsible for all incidental charges;
10. Swimmers responsible for any damages or thievery at hotel;
11. Must participate in contracted group meals

VIOLATION OF DOLPHINS TRAVEL POLICY RULES OR CODE OF CONDUCT:

Failure to comply with the Code of Conduct may result in disciplinary action. Such discipline may include, but may not be limited to: (At the discretion of the Head Coach)

1. Dismissal from the trip and immediate return home at the athlete's expense;
2. Disqualification from one or more events, or all events of competition;
3. Disqualification from future team travel meets;
4. Financial penalties;
5. Dismissal from the team; and/or
6. Proceedings for an LSC or USA Swimming National Board of Review.

By signing below, I agree to follow the above codes of conduct.

Swimmer Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

AUTHORIZATION FOR AUDIO / VISUAL RECORDS

I hereby authorize the Hampshire Regional YMCA to take and use reasonable photographs, slides, moving pictures, and audio/video tapes of myself or my child for purposes of legitimate YMCA public relations, training and/or advertising.

Parent/Legal Guardian Signature: _____ **Date:** _____

Parent/Legal Guardian Name (Print): _____ **Date:** _____

Child/Children's Name: _____

USA SWIMMING / FINA ANTI-DOPING POLICY

I understand and agree that the FINA Anti-Doping Rules and U.S. Anti-Doping Agency Protocol for Olympic and Paralympic Movement Testing (USADA Protocol) and all other policies and rules adopted by FINA, USADA, and the USOPC apply to me and that it is my responsibility to comply with those rules. I agree to submit to drug testing at any time and understand that the use of methods or substances prohibited by the applicable anti-doping rules would make me subject to penalties including, but not limited to, disqualification and suspension. If it is determined that I may have committed a doping violation, I agree to submit to the results management authority and processes of USADA, including arbitration under the USADA Protocol, or to the results management authority of FINA and/or USA Swimming, if applicable or referred by USADA.

Parent/Legal Guardian Signature: _____ **Date:** _____

Parent/Legal Guardian Name (Print): _____ **Date:** _____

Child/Children's Name: _____

SAFE SPORT POLICY

I acknowledge that I have received, read and understood the Minor Athlete Abuse Prevention Policy and /or that the Policy has been explained to me or my family. I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with USA Swimming and the Hampshire Regional YMCA.

Parent/Legal Guardian Signature: _____ **Date:** _____

Parent/Legal Guardian Name (Print): _____ **Date:** _____

Child/Children's Name: _____



HAMPSHIRE REGIONAL YMCA SWIM TEAM MEET PAYMENT AGREEMENT

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Swimmer Name:	
Parent/Guardian Name:	
Address:	
Phone:	Email:
Team Level:	Date:

Be advised all payments are due the 7 days prior to the registered meet. The amount for each meet is determined based off the amount of events the athlete registers for, alongwith all other meet fees. Payment not received by the meet day will incur \$10 late fee.

Please select your payment method below:

_____ **Payment on file method**

Payments will be processed using the payment on file information provided below. The payment will be processed 7 days prior to the scheduled meet date. The Swim Coach will send an email receipt when the payment is processed. Please attach a voided check or enter your credit card number below when submitting this form. Any fees returned by the bank will incur a \$10 fee, this is in addition to any fee the bank may charge you directly. Please initial below:

Credit/Debit Card

Name on Card:	
Card #:	
CVV Code:	Expiration:

Bank Account - attach Void Check

Please let us know if there are any changes to your bank or credit information above. I acknowledge receipt of the above payment plan and understand and agree to the terms stated here in. If selected, I authorize Hampshire Regional YMCA to charge my credit/debit card or draft from my bank account the fees stated above. The Authorization remains in effect until I cancel such authority. I understand that if my payment is not received by Hampshire Regional YMCA before 7 days prior to the meet that my child will not be allowed to participate in the meet until all fees are paid. I understand that refunds will not be processed for dues charged for meets if the child or family decides to scratch or is not in attendance.

Signature: _____ **Date:** _____