



THE SANFORD-SPRINGVALE TITANS SWIM TEAM

2025 – 2026 Season



PARENTS MEETING: Friday September 05, 2025 @ 6:00pm

OUR MISSION

The Sanford-Springvale YMCA Titans Swim Team will create a culture of pride and excellence by:

1. Creating a positive, fun, and team-oriented environment
2. Focusing on education of swimming techniques and fundamentals
3. Developing team success at all levels of competition
4. Maintaining a high level of training and athlete development

ABOUT THE TEAM

The Titans Swim Team is The Sanford-Springvale YMCA's year-round competitive swimming program. We welcome children ages 7-18 who are interested in challenging themselves in the areas of mental and physical training and are dedicated to the Sport of Competitive Swimming.

Our swim team trains in the Sanford-Springvale YMCA 25-yard, 6 lane pool and competes throughout the state of Maine in 2 different seasons: Winter and Summer. Our Winter Season (September to March) competes in 25-yard short course pools, while our Summer Season (May – August) gives swimmers the opportunity to compete in 50-meter long course pools in addition to short course meets. We understand that some families are unable to make the year-round commitment to our Swim Team program, which is why we hold separate registrations for each season. However, we strongly encourage swimmers to participate throughout the year to help improve their techniques and times.

USA SWIMMING

The Sanford-Springvale YMCA Titans Swim Team is a member of the USA Swimming, the national governing body for swimming in the United States, and does participate in USA sanctioned meets throughout the year. Titans swimmers have the option of becoming a USA swimmer for an additional fee. Since there are often minimum entry fees associated with USA meets, participation is optional.

PRACTICE GROUPS

To qualify for each group, we ask that swimmers to perform the skills in the descriptions

White Group: (meet 3 times a week) \$495

Must have passed swim lessons level 3. Preferably completed at least one session of swim lessons level 4. Streamline on front and back. 25 freestyle with rotary breathing and 25 backstroke, without grabbing the wall/lane line. Rudimentary knowledge of breaststroke and butterfly. Dives off the side and jumps from the blocks. Can tread water for 90 seconds.

Blue Group: (meets 3 times a week) \$510

100 freestyle, 100 backstroke, 25 legal breaststroke, and 25 legal butterfly. Dives off the block. Proficient open turns. Completes or tried to complete every set. Shows respect to coaches by paying attention to them between sets.

Junior Group: (meets 4 times a week) \$545

200 freestyle, 200 backstroke, 100 breaststroke, 100 individual medley and 50 butterfly. Proficient breathing on all strokes. Proficient flip turns. Completes or tried to complete every set. Shows respect to coaches by paying attention to them between sets. Tries to attend most meets.

Senior Group: (meets 5 times a week) \$580

1000 freestyle, 200 backstroke, 200 breaststroke, 100 butterfly and 200 individual medley. Tries to make it to every practice. Completes or tries to complete all swim sets. Tries to attend most meets. Assists with younger practice groups.

PRACTICE TIMES

	Monday	Tuesday	Wednesday	Thursday	Friday
White	No Practice	5:00 – 6:00pm	No Practice	5:00 – 6:00pm Dryland: 6:15 – 6:45	5:00 – 6:00pm
Homeschool White	No Practice	11:00 – 12:00pm	No Practice	11:00 – 12:00pm Dryland: 12:15 – 12:45pm	11:00 – 12:00pm
Blue	No Practice	5:00 – 6:00pm	No Practice	5:00 – 6:00pm Dryland: 6:15 – 6:45	5:00 – 6:00pm
Homeschool Blue	No Practice	11:00 – 12:00pm	No Practice	11:00 – 12:00pm Dryland: 12:15 – 12:45pm	11:00 – 12:00pm
Juniors	6:00 – 7:00pm	6:00 – 7:00pm Dryland: 5:00 – 5:45pm	No Practice	6:00 – 7:00pm Dryland: 5:00 – 5:45pm	6:00 – 7:00pm
Senior	6:00 – 7:30pm	6:00 – 7:00pm Dryland: 5:00 – 5:45pm	6:00 – 7:30pm	6:00 – 7:00pm Dryland: 5:00 – 5:45pm	6:00 – 7:30pm

Cancellation and refund policy:

- Program fees are expected to be paid in full prior to the start of the program unless a payment plan agreement has been filled out. A payment must be paid in full by then end of calendar year.
- The Sanford-Springvale YMCA program fees are non-transferable and non-refundable.
- Any changes to the practice schedule, including cancellations, you will be notified via email or text. We will make every effort to give as much advanced warning as possible.
- Additionally, no refund or credit will be issued for individual practices missed and make-ups will not be an option.

Welcome all new swimmers joining the team. All new swimmers please try to set up an assessment with Ali Fair the Aquatics Director prior to registration. [This assessment will ensure all swimmers are placed on the appropriate group.](#)

All Titans swimmers must be active Sanford-Springvale YMCA members. See membership guide for more details.

[The Swim Team program fee is required to be paid in full at the time of registration.](#) Participants do have the option of setting up a payment plan. See the Financial Agreement Form for details. [Financial Assistance is available to those who qualify.](#)

NOTE: The YMCA is a non-profit organization. In the event that the participant quits the program, no refunds will be granted.

2025 -2026 PROGRAM PARTICIPANT INFORMATION

Returning Swimmer New Swimmer Transferring

PRACTICE GROUP

Senior Junior Blue Homeschool Blue White Homeschool White

SWIMMER'S INFORMATION (ALL FIELDS REQUIRED)

First Name _____ Middle Name _____ Last Name _____

Swimmer's Nick Name (if any) _____ Gender: M F O

Date of Birth ____ / ____ / ____ Age _____ Expected High School Graduation Year _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

School Attending _____ Current Grade _____

T-Shirt Size: Youth: S M L Adult: S M L XL

Swim Suit Size: (20 – 38) _____ Shoe Size (for Fins) _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian _____

Work Phone _____ Cell Phone _____ Email _____

Name & Address of Employer _____

Parent/Guardian _____

Work Phone _____ Cell Phone _____ Email _____

Name & Address of Employer _____

EMERGENCY CONTACTS

First Name _____ Last Name _____

Relationship to Child _____ Phone _____

First Name _____ Last Name _____

Relationship to Child _____ Phone _____

MEDICAL INFORMATION

Your child's safety is our #1 priority. Please provide as much detailed information as possible regarding special needs and medication.

Has participant been previously hospitalized? Yes No

If yes, please describe _____

Please describe any medical or emotional illness or disorder that could affect the child's ability to participate safely: _____

Is the participant allergic to: None Medications Food Other

If yes, please explain & note if any medication is needed: _____

Does the participant have: None Asthma Diabetes Seizures Other

If yes, please explain & note if any medication is needed: _____

DOCTOR'S CONTACT INFORMATION

Physician's Name _____ Office Phone Number _____

Address _____

BECOME A VOLUNTEER!

Parent/Guardian volunteers are an integral part to a successful swim season. Please check off the areas that you are interested in volunteering for:

Timer Official Concessions Other _____

AGREEMENT

I understand that I have **previously read and signed** the Swimmer Code of Conduct, Parent Code of Conduct, Photo/Video Release, Communications Policy, Team Unify Information and Liability Waiver, and fully understand them, and myself and my swill will continue to abide by them. Initial _____

Parent/Guardian must sign if individual is under the age of 18 years.

Swimmer's Name _____

Parent/Guardian Name _____

Parent/Guardian's Signature _____ Date _____



Titans Swim Team 2025 - 2026 Financial Agreement



Swimmer Name: _____

Please be advised, registrations for any membership, other YMCA programs and/or the Titans, may be denied if there is an outstanding balance on your account.

Participant may pay in full at time of registration or choose to schedule monthly payments.

<input type="checkbox"/> Pay in Full	<input type="checkbox"/> Monthly Payments	Dates Payments Will Be Drafted
<input type="checkbox"/> White: \$495.00	<input type="checkbox"/> White: \$123.75	September 15 th
<input type="checkbox"/> Blue: \$510.00	<input type="checkbox"/> Blue: \$127.50	October 15 th
<input type="checkbox"/> Junior: \$545.00	<input type="checkbox"/> Junior: \$136.25	November 15 th
<input type="checkbox"/> Senior: \$580.00	<input type="checkbox"/> Senior: \$145.00	December 15 th

Dates that have passed are due upfront.

If you DO NOT have an account already on file, or wish to use a different form

Please check if your swimmer is eligible for any **DISCOUNTS**

Multiple sibling benefit of 5% Employee / Volunteer Scholarship: amount _____

of payment, or if your account will expire during the season please fill out the table below.

Circle Account Type:	Checking	Savings	Credit/Debit Card
Bank Name:			
Name on Account/Card:			
Account Number:		Transit/Routing Number:	
Credit Card Type (circle):	Visa	Master Card	Discover American Express
Credit Card Number:		Expiration Date:	
Signature of Account Holder:		Date:	

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt of payment. Should any preauthorized EFT (or credit card charge) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charges.

Signature _____

_____ I understood that if a payment is not honored by the bank or credit card institution, then the
initial YMCA, at its discretion, will resubmit the amount due for payment on a future date and there may be a \$10.00 return payment fee charged.

_____ I understand that I must have an account on file to register for the Titans Swim Team.
Initial

_____ I understand it is my responsibility to keep my account on file up to date and will inform the
initial YMCA if and when I have to change the account on file.

_____ I understand that all payments will automatically be deducted from my account on file.
Initial

Meet fees are an additional cost and vary, depending on the event. Fees will be automatically applied to your swimmer's account when he/she signs up for a meet. We will automatically draft your payment when the meet fee is applied to your account.

_____ I understand that meet fees will automatically deduct from my account on file.
Initial

I, _____ hereby consent to the above mentioned payment agreement. Should I have difficulty meeting the dates as mentioned in said agreement, it is my responsibility to notify the Sanford-Springvale YMCA. I also accept full responsibility for any payments that are returned for ANY reason along with any additional returned payment fees should there be any fees associated with the return payment.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____