



Greater Holyoke YMCA Vikings
Fall/Winter 2021-2022 Season



Registration begins Wednesday September 1st 2021

- For YMCA Membership or to reactivate YMCA Membership, please call 413-534-5631x102, email membership@holyokeymca.org, or [Click Here](#) to register online.
- Please include a copy of your swimmers Birth Certificate (if not already turned in).

Family Last Name: _____

Registration Plan

Developmental 1	Developmental 2	Age Group 1	Age Group 2	Senior
\$455 \$65/month	\$525 \$75/month	\$630 \$90/month	\$735 \$105/month	\$805 \$115/month

1st Swimmer Name: _____ Fee: \$ _____

2nd Swimmer Name: _____ Fee: \$ _____

3rd Swimmer Name: _____ Fee: \$ _____

USA Registration Fee - \$87.00 per Swimmer (if not completed in Fall/Winter): \$ _____

USA Transfer Fee \$10.00 per Swimmer (if switching USA Swimming teams): \$ _____

TOTAL FEE: \$ _____

Payment at Registration: \$ _____

Balance Due: \$ _____

- Payment options are paid in full at registration, or down payment at registration plus 6 monthly installments to be drafted on the 15th of October through March.
- The season will run Monday September 13th to Friday March 18th.
- Practice schedule is subject to change.

I have reviewed the following information on hyvswimming.org:

() Read [Viking Code of Conduct](#) (Swimmers and Parent), am familiar with its content, and agree to abide by all standards within.

() [MAAPP Policy](#)

Signature Parent/Guardian

Date

Greater Holyoke YMCA

171 Pine Street
Holyoke, MA 01040
www.holyokeymca.org



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Medical Form

- This document is for one swimmer only.

First Name: _____ Middle Initial: _____ Last Name: _____

EMERGENCY INFORMATION

Parent/Guardian Name: _____ Home Phone: _____

Parent Place of Employment: _____ Phone: _____

If not available in the event of an emergency, please notify:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

HEALTH RECCOMEDATIONS AND RESTRICTIONS

Special Diet: _____ Special Medicine: _____

Will your child have medication with them at training or competitions? Circle (YES/NO)

Any activity restrictions the coaching staff should be aware of? _____

HEALTH HISTORY

Circle

- Ear Infections? (YES/NO)
- Skin Conditions? (YES/NO)
- Allergies? (YES/NO)

(If Yes) Type of Allergies: _____

- Operations or Serious Injuries? Circle (YES/NO) If Yes Please Explain:

- Chronic/Re-Occurring Illness, If Any:

PARENT AUTHORIZATION

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Greater Holyoke YMCA staff person in charge to hospitalize, secure proper treatment for, and to order anesthesia or surgery for my child as named on this document.

Signature Parent/Guardian

Date

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Program Fee Bank Draft Application

_____/_____/_____ / _____/_____/_____
 First Name MI Last Name Birth Date

_____/_____/_____/_____/_____/_____
 Address City State Zip Code

(____) - ____ - _____ (____) - ____ - _____
 Home Phone Work Phone

Name of Swimmers on Draft

Name	M/F	Group	Amount Per Draft

Amount of Down Payment: \$ _____ Balance to Draft: \$ _____

Number of Drafts:
 Pay in full at registration Amount: \$ _____

Down payment at registration plus 6 draft dates the 15th of October through March
 Amount: \$ _____

If Other, please explain how you would like payment set up:

Monthly Draft Payment Information and Authorization

I _____ hereby authorize the Greater Holyoke YMCA to charge my
 () Checking () Savings Account () Credit Card → Credit Card #: _____
 Card Type: _____
 EXP Date: _____

at the bank for my monthly YMCA swim team payments (amount above). I understand that my monthly dues will be charged to my account on the 15th of the month.

AUTHORIZATION SIGNATURE: _____ DATE: _____

PLEASE ATTACH A VOIDED CHECK OR BANK DEPOSIT SLIP HERE

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TRAINING GROUPS FALL/WINTER 2021-2022

Developmental 1

Description: An entry level group to introduce swimmers to competitive swimming. The group meets in the Small Pool 2-3 days per week. Participants must be able to swim one length each of Freestyle and Backstroke in the YMCA Small Pool. Learning stroke technique, skills (starts/turns), and having FUN is the focus of this group! USA registration is required.

Practice Attendance: Participants are expected to attend a minimum of 2 practices per week, although participation in 3 practices per week when offered is strongly encouraged.

Schedule: 5:00 to 6:00pm on Monday, Wednesday, and every other Friday in Small Pool

Fee: \$542 (\$65/month + \$87 USA Swimming Registration)

Developmental 2

Description: An advanced Developmental group with slightly more aerobic work to help swimmers to transition to the Age Group program. This group will meet in the Small Pool 2-3 days per week. Swimmers in this group should be able to swim 2 lengths each of Freestyle and Backstroke in the Small Pool. Swimmers should also have a basic understanding of Breaststroke and Butterfly. Stroke technique, skills (starts/turns), and having FUN is the focus of this group! USA registration is required.

Practice Attendance: Participants are expected to attend a minimum of 2 practices per week, although participation in 3 practices per week when offered is strongly encouraged.

Schedule: 5:00 to 6:00pm on Tuesday, Thursday, and every other Friday in Small Pool

Fee: \$612 (\$75/month + \$87 USA Swimming Registration)

Age Group 1

Description: The focus of the Age Group program remains proper stroke technique and refining skills, while developing endurance and speed. This group meets in the Large Pool 3 days per week. Swimmers in this group must be able to perform all 4 competitive strokes legally with good form and have previous swim team experience. USA registration is required.

Practice Attendance: Participants are expected to attend a minimum of 3 practices per week.

Schedule: 5:00 to 6:30pm on Monday, Wednesday, and Friday

Fee: \$717 (\$90/month + \$87 USA Swimming Registration)

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Age Group 2

Description: An advanced Age Group group to meet the needs of the developing Age Group swimmer and help swimmers transition to the Senior program. Swimmers in this group must be able to perform all 4 competitive strokes legally with good form and must be ready to swim more challenging workouts. USA registration is required.

Practice Attendance: Participants are expected to attend a minimum of 4 practices per week.

Schedule: 5:00 to 6:30pm on Monday, Tuesday, Wednesday, Thursday, and Friday
12:00 to 1:30pm on Saturday

***Fee:** \$822 (\$105/month + \$87 USA Swimming Registration)

Senior

Description: The Senior program is designed for Age Group swimmers and High School swimmers looking to achieve success at high level USA meets and in High School swimming. USA registration is required.

Practice Attendance: Participants should attend a minimum of 4 practices per week, although full participation is strongly encouraged.

Schedule: 6:30 to 8:30pm on Monday, Tuesday, Wednesday, Thursday, and Friday
12:00 to 1:30pm on Saturday

***Fee:** \$892 (\$115/month + \$87 USA Swimming Registration)

Practice Schedule

Squad	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Developmental 1 Small Pool	5-6pm		5-6pm			
Developmental 2 Small Pool		5-6pm		5-6pm		
Age Group 1	5-6:30pm		5-6:30pm		5-6:30pm	
Age Group 2	5-6:30pm	5-6:30pm	5-6:30pm	5-6:30pm	5-6:30pm	12:00-1:30pm
Senior	6:30-8:30pm	6:30-8:30pm	6:30-8:30pm	6:30-8:30pm	6:30-8:30pm	

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