



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Tidal Wave Swim Team

YMCA of Abilene

September 2025 – April 2026

TEAM MISSION STATEMENT:

To put Christian principles into practice by empowering young people to be champions in life through a commitment to build a healthy spirit, mind and body by pursuing excellence in the sport of swimming.

TEAM VISION:

To aid in the development of character, respect and personal responsibility of today's youth. The TWST swimming program is dedicated to the youth development, healthy living and social responsibility of our children and their families.

TEAM MOTTO:

If it doesn't challenge you, it doesn't change you...swim harder!

* Pages with an asterisk must be filled out
and turned in to the front desk for Beverly Wade

Y COMPETITIVE SPORTS PHILOSOPHY and GOALS

“The important thing in the Olympic games is not to win but to take part. The important thing in life is not the triumph but the struggle; the essential thing is not to have conquered but to have fought well. To spread these precepts is to build up a more scrupulous and more generous humanity.” – Baron Pierre du Coubertin, founder of the modern Olympic Games

The value of youth participation in athletics is one of the underlying principles of the Y. We invest much time, money, and effort in our youth sports programs, where young men and women can learn in a healthy, competitive way that sports are not just for the physically gifted and talented. There are thousands of young people in our community who will not compete in the world of high school or college athletics. They can, however, learn from an early age to appreciate the joy of movement, the skills necessary for daily activities and sports participation, and the development of their overall strength and fitness.

The youth programs at the Y are also geared to help young people develop the social skills necessary for group and team interaction. These activities help them to develop basic knowledge that will help them to live healthy lives and practice good living habits. Most importantly, it is our hope that the youth sports programs at the YMCA will be opportunities for young people to understand, practice, and even develop their own values, morals, and spiritual beliefs in interaction with other young people under the guidance of understanding and helpful adult coaches, counselors, group leaders, and parents.

At the Y, we practice a holistic approach to sports, with emphasis on positive physical, mental, and spiritual development. We believe that in our society today there is too much emphasis on winning at all costs and on special recognition for sporting ability.

Our program holds other important values:

- Developing self-confidence, self-respect, and an appreciation of individual worth
- Developing a commitment for daily living based on values such as Caring, Honesty, Respect, and Responsibility
- Growing as a responsible member of the family and as a citizen of the community
- Appreciating that health of mind and body is a sacred gift and that physical fitness and mental well-being are conditions to be achieved and maintained
- Recognizing the worth of all people and working for interracial and inter-group understanding

Developing the capacity for leadership, while using it responsibly in groups and community life

The National Y has adopted these objectives. We hope that through our program each young person will gain a greater measure of life skills and a better sense of who he or she is. When this happens, the investment of time, talent, and funds becomes worth-while, making the program a valuable part of our community.

YMCA CORE VALUES

Care, Honesty, Respect and Responsibility.

TEAM GOALS:

1. To nurture each child and realize that they are different and allow them to develop as far as their dreams, talents, and efforts will take them.
2. To guide young people through the process of achieving while inspiring them to use this knowledge throughout their lives. Encourage them to dream, help them set worthy goals, promote a strong work ethic, provide support when they struggle, and in-spire them to persevere until they succeed.
3. To provide a level of coaching that will lead to the development of successful all around swimmers. In all levels, proficient technique is a priority as well as respect to the coach's workout directions, allowing swimmers to develop character, self-confidence, and the love for the sport in a nurturing atmosphere.
4. To encourage parents to actively support their child as well as the program in a positive and Christian manner that reflects the YMCA mission and core values. Understanding their involvement is essential to the program and their child's success.
5. To provide your swimmers the opportunity to get involved with and support our community.

EXPECTATION OF TIDAL WAVE SWIM TEAM MEMBERS

1. To understand the YMCA mission as well as that of the swim team.
2. Be proud to be a member of the TWST.
3. Give of yourself 100% physically and mentally.
4. Challenge yourself and teammates to improve and work harder.
5. Display good sportsmanship at all times, home and away, demonstrating the YMCA core values at all events involving the team as a whole or in part.
6. Make friends with teammates and learn how to be part of a team.
7. To take steps toward excellence in academics without sacrificing one achievement for another.

GROUP INFORMATION

Splash Squad – Beginner/Entry Level

Target Age Group: 4 – 6 years old (up to 7)

Practice Times:

- M/W/F | 4:30 – 5:00 PM

Monthly Cost:

- Members – \$25
- Non-Members – \$45

Meet Expectations: Fall Mock Meet optional

Season: September 3rd – December 19th 2025

Next Group: Bronze

Bronze Group – Stroke Development Level

Target Age Group: 6 – 10 years old (up to 14)

Practice Times:

- M/W/F | 4:30 – 5:15 PM

Monthly Cost:

- Members – \$40
- Non-Members – \$60

Meet Expectations: Fall & Spring Mock Meets

Season: September 3rd 2025 – April 24th 2026

Next Group: Silver

Silver Group – Pre-Competitive Level

Target Age Group: 8 – 12 years old (up to 16)

Practice Times:

- M/W | 5:30 – 6:30 PM
- F | 5:15 – 6:00 PM
- S | 8:30 – 10:00 AM

Monthly Cost:

- Members – \$70
- Non-Members – \$100
- One Time Fee: \$35 League Registration (optional)

Meet Expectations:

- Fall & Spring Mock Meets Mandatory
- League Meets optional

Next Group: Gold

Season: September 3rd 2025 – April 24th 2026

Gold Group – Competitive Level

Target Age Group: 11 – 16 years old (up to 18)

Practice Times:

- M/W | 5:30 – 6:30 PM
- T/Th | 5:00 – 6:30 PM
- S | 8:30 – 10:00 AM

Monthly Cost:

- Members – \$110
- Non-Members – \$140
- One Time Fee: \$35 League Registration (mandatory)

Meet Expectations:

- Fall & Spring Mock Meets Optional
- League Meets Mandatory

Season: September 3rd 2025 – April 24th 2026

TEAM INFORMATION

Tryouts / Level Assessments

The 2025-2026 swim season tryouts are being held August 9th 2025 at 11:00 AM for brand new swimmers. Once placed in one of the 4 groups, registration can be done at the front desk, and the paperwork can be turned in any day and time before September 2nd or their first day of practice.

For tryout requests after August 9th, email Head Coach Rebecca at rdantzler@abileneymca.org

If your swimmer wants to move up a level, an assessment date will be offered at both winter and summer break, and they must pass the tryout to move up. Level placement is at the discretion of the Head Coach only.

Communication

Tidal Wave team communications have transferred to sportsYou. All parents, guardians, and drop off personnel, must download the app and create a login to stay up to date with practice information or changes, meets, or to communicate attendance and absences. Swimmer over the age of 12 may also join the group on their phone but are not allowed to post in the groups.

Access Codes:

General Tidal Wave Information: **6B33-2YL3**

Bronze Group & Splash Squad: **655D-PW3E**

Silver Group: **E8UF-9FGT**

Gold Group: **T3WR-8CD9**

Drafts / Cancellations

Swim team dues are automatically drafted on the first of each month. We do not pro-rate monthly dues at registration or when moving from one group to the other. If the debit or credit card on file is returned for the draft and not resolved within the first business day after the first, a \$30 return fee will be applied to the account. The first month is due at registration as well as any registration fee.

If you are going to withdraw and cancel it is your responsibility to go to the front desk or the Aquatics Director and fill out a swim team cancellation form to stop the automatic draft. This form must be emailed to rdantzler@abileneymca.org by the 15th of the month prior to stop the next month's draft.

TEAM GEAR & APPAREL

Splash Squad:

- Required equipment – practice suit, goggles (no diving goggles allowed)
- Recommended Apparel – team shirt

Bronze:

- Required equipment – practice suit, goggles, water bottle
- Recommended Apparel – team shirt, team cap

Silver:

- Required equipment – practice suit, goggles, water bottle
- Recommended equipment – fins, paddles, mesh equipment bag, back up pair of goggles
- Required Apparel – team suit, team shirt, team cap

Gold:

- Required equipment – practice suit, goggles, water bottle, fins, paddles, mesh equipment bag, back up pair of goggles
- Recommended – Snack before practice, electrolyte drink for during, water bottle for before and after
- Required Apparel – team suit, team shirt, team cap
- Drylands T/Th – shirts, shorts, and closed toe shoes are required, preferably running shoes. No slides, crocs, flip flops, or dudes will be allowed.

IMPORTANT DATES

Season Breaks / No Practice Holidays

- Labor Day: 9/1/25 – 9/2/25
- Thanksgiving Break: 11/26/25 – 11/28/25
- Christmas Break: 12/24/25 – 12/25/25
- New Years Break: 12/31/25 – 1/1/26

*Practice cancelations are at the Head Coaches discretion and may be due to weather conditions, sickness, traveling for meets, or staff limitations. Just because there might be no school, that does not necessarily mean there is no practice.

Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your cell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion listed below after a bump, blow, or jolt to the head or body, they should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free, and it's OK to return to play.

Did You Know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
• Appears dazed or stunned	• Headache or "pressure" in head
• Is confused about assignment or position	• Nausea or vomiting
• Forgets an instruction	• Balance problems or dizziness
• Is unsure of game, score, or opponent	• Double or blurry vision
• Moves clumsily	• Sensitivity to light
• Answers questions slowly	• Sensitivity to noise
• Loses consciousness (even briefly)	• Feeling sluggish, hazy, foggy, or groggy
• Shows mood, behavior, or personality changes	• Concentration or memory problems
• Can't recall events prior to hit or fall	• Confusion
• Can't recall events after hit or fall	• Just not "feeling right" or "feeling down"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other.
- Is drowsy or cannot be awakened.
- A headache that not only does not diminish, but gets worse.
- Weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea.
- Slurred speech.
- Convulsions or seizures.
- Cannot recognize people or places.
- Becomes increasingly confused, restless, or agitated.
- Has unusual behavior.
- Loses consciousness (even a brief loss of consciousness should be taken seriously).

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

FOR MORE INFORMATION ON CONCUSSIONS, VISIT: WWW.CDC.GOV/HEADS-UP

Student Athlete Name Printed

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

TIDAL WAVE SWIM TEAM – SWIMMER CODE OF CONDUCT

I CARE _____ (Swimmer Initial)

1. I will encourage my teammates during practice 2. I will cheer for everyone at meets 3. I will promote a spirit of inclusion 4. I will not participate in gossip 5. I will congratulate other competitors

I am HONESTY _____ (Swimmer Initial)

1. I will tell the truth 2. I will admit when I make mistakes 3. I will be accountable for my actions and decisions 4. Cheating is not a part of our team; I will not cheat to complete workouts and sets

I will RESPECT _____ (Swimmer Initial)

1. I will treat others as I want to be treated 2. I will respect facility staff, parents, coach and teammates 3. I will take care of facilities and equipment 4. I will respect the lifeguards and listen to what they may say 5. I will be a good lane mate and respect other swimmers' space and gear 6. I will respect other teams and their facility 7. I will respect my parents and their willingness and efforts to get me to practice 8. I will listen to my coach(es) when they are talking and will ask any questions after they are done explaining if I do not understand the drill/set.

I have RESPONSIBILITY _____ (Swimmer Initial)

1. No bullying is allowed; I will report any bullying I see or experience 2. I will show up to practice on time with my own gear and do what is asked 3. I will follow rules, even if no one is watching 4. I will be accountable for my actions 5. I will make good choices in and out of the pool

Consequences for Conduct Violations

During practice or a meet, there will be 2 verbal warnings for inappropriate behaviors. A 3rd verbal warning will result in removal from water for a period of time. Any additional violations on the same day will be a removal for the remainder and parents will be notified. After the 2nd removal, there will be a meeting between the coach(es), parent(s) and athlete to discuss commitment and desire to swim. Any additional removals may result in being asked to leave the team for the remainder of season without a refund of fees.

Signature (Swimmer): _____

Date: _____

GUIDELINES FOR A HEALTHY COACH-PARENT RELATIONSHIP

Parents have an important role in providing a supportive atmosphere for swimmers and the coach. Parental involvement and encouragement are essential ingredients in a successful swimming program. However, the coach has the responsibility and authority for conducting swim practice, maintaining discipline, and motivating swimmers. Parents should not interfere in these matters. They should bring concerns to the group coach via message on sportsYou or if the matter is serious by emailing the Head coach at rdantzler@abileneymca.org.

All responsible adults should have a positive attitude and remember that swimming is only a small part of life, not the central issue. Should parents have a pressing problem with regard to their swimmer and the coach, they should resolve that problem directly with the coach, as soon as possible, rather than discuss it with other parents or swimmers.

Some guidelines for parent-coach contacts are as follows:

- Avoid contacting the coach with minor problems. They generally resolve themselves.
- Do not discuss problems with the coach during swim practice or during a swim meet.
- Problem resolution is part of growing up. Let your swimmer try first, if possible.
- Be polite. Do not raise your voice or use offensive language.
- Please send a note / leave a voicemail to the coach if your swimmer arrives late or will be leaving practice early.
- All parents must be careful not to push their swimmers too far, too fast. It is better to have them develop at a slower, less pressured, rate than to have "BURN OUT", or start to dislike swimming. Discipline and workout performance is a swimmer-coach matter and should be handled that way. The coach will bring any problems or concerns to the parents' attention, if necessary. Parents should try to show a healthy interest in their child's participation in swimming, and avoid criticism of stroke, training, and performance.
- No parent should coach their child during a meet or practice. The coach will communicate all matters to the swimmer from stroke mechanics to race preparation. If this is caught and the coach feels this creates a negative presence you will be asked to leave.
- PLEASE set realistic goals for yourself and swimmer that are achievable within your child's mental and physical capabilities!

Parent/Guardian Signature: _____

Date: _____



YMCA OF ABILENE

TIDAL WAVE SWIM TEAM – REGISTRATION FORM

2025 - 2026 Season

* Swim team dues are automatically drafted on the first of each month. We do not pro-rate monthly dues. If the debit or credit card on file is returned for the draft and not resolved within the first business day after the first, a \$30 return fee will be applied to the account. The first month is due at registration as well as any registration fee.

* If you are going to withdraw and cancel it is your responsibility to go to the front desk or the Aquatics Director and fill out a swim team cancellation form to stop the automatic draft. This form must be emailed to rdantzler@abileneymca.org by the 15th of the month prior to stop the next month's draft. _____ (Parent/Guardian Initial here)

Please select if you are a: Returning Swimmer | New Swimmer (Circle one)

Participant Name: _____ School: _____ Grade: _____

Date of Birth: _____ Age: _____ Gender: Male | Female (Circle one)

Address: _____

* Sibling's Name(s): _____ (Optional) **Sibling discount is \$10 off for 2nd & 3rd**

Primary Contact Name: _____ Relationship: _____

Cell Phone Number: _____ Email: _____

Secondary Contact Name: _____ Relationship: _____

Cell Phone Number: _____

☐ **Splash Squad** – Member Price: \$25 | Non-Member Price: \$45 (Sept 2025 – Dec 2025)

☐ **Bronze** – Member Price: \$40 | Non-Member Price: \$60 (Sept 2025 – April 2026)

☐ **Silver** – Member Price: \$70 | Non-Member Price: \$100 (Sept 2025 – April 2026)

☐ - YES, I would like to register (Optional One-Time League Membership Registration Fee: \$35)

☐ - No, I would like to opt out of this optional fee.

☐ **Gold** – Member Price: \$110 | Non-Member Price: \$140 (Sept 2025 – April 2026)

- Mandatory One-Time League Membership Registration Fee: \$35

YMCA Refund Policy & Waiver

I hereby give my consent for this child to be photographed for publicity purposes (the photos will only be used for YMCA program advertisement purposes). By my signature and my free will, I do hereby agree to indemnify and save harmless the YMCA of Abilene from any and all claims or demands, costs or expenses arising out of any injuries or damages sustained by me or any party to or for whom I am responsible. The YMCA will give no refunds except for relocation or medical reasons upon approval. **I hereby give consent to the YMCA to charge the card on file for any swim meet fees if not paid by the meet competition day.

Parent/Guardian Signature: _____

Date: _____

Front Office Use Only

Date Processed: _____ Employee Initials: _____

Total Amount Paid: _____ Receipt #: _____



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YMCA OF ABILENE

TIDAL WAVE SWIM TEAM - EMERGENCY MEDICAL RELEASE

In case of emergency, I understand that every effort will be made to contact me, the parents/guardians of the swimmer. In the event that I cannot be reached, I hereby authorize emergency care for my child during participation in the TWST program, if treatment is deemed necessary for injury or illness. I hereby give permission to the attending physician to hospitalize and/or secure proper treatment for my child. I understand that I am financially responsible for any expense for medical care incurred on my child's behalf. I hereby release the Tidal Wave Swim Team, the YMCA of ABILENE, and its employees from any responsibilities for injuries incurred during my child's participation in the Tidal Wave Swim Team.

Participants Name: _____

In the event of an emergency, the persons listed below may be called in the following order:

Primary: _____ Relationship: _____ Phone: _____

Secondary: _____ Relationship: _____ Phone: _____

Additional: _____ Relationship: _____ Phone: _____

Allergies: _____

Medications currently prescribed: _____

Please disclose any CURRENT or PAST medical problems or concerns the coaches need to know about including steps to take to provide care: _____

* All information disclosed on this form is confidential and will be treated as such.

Parent/Guardian Signature: _____

Date: _____



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TIDAL WAVE SWIM TEAM – PAYMENT DRAFT FORM

Primary Account Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Branch: Redbud

Phone: _____ Email: _____

Participant(s) Name: 1. _____ 2. _____ 3. _____

Monthly Draft Date: 1st of the month Use Card on File: Yes | No (Circle One)

Payment Option 1: Bank Draft

Name on Bank Account Bank Name

Transit/Routing Number Account Number

Payment Option 2: Credit Card Draft

Name on Credit Card Credit Card Number

Expiration Date Zip Code **Master Card | VISA | Discover**

I hereby authorize the YMCA of Abilene to initiate pre-authorized Electronic Funds Transfers (EFT) or recurring charges to my credit card for the payment of Tidal Wave Swim Team (TWST) dues, fees, or other related program charges on the 1st of each month. This authorization will remain in effect until I submit written notice of cancellation or changes to the YMCA of Abilene at least 15 days prior to the next scheduled draft. I understand that if a payment is returned or declined, I may be responsible for a \$30 returned payment fee. When the bank or credit card company honors the payment by charging my account, such transaction shall constitute my receipt for payment of program dues. I also understand that the YMCA of Abilene may adjust the draft amount with prior written notice, and that the account holder on file must be the same person signing this authorization.

Tidal Wave Swim Team program fees will be scheduled according to Swim Team payment policies.

I understand the above information and agree to abide by all policies and procedures set forth by the YMCA of ABILENE.

Bank/Credit Card Account Holder's Signature

Date

Front Office Use Only

Start Date: _____ Membership: Active | Frozen | On-Hold

Amount to Draft: _____ Full Rate | Scholarship Rate

Date Processed: _____ Employee Initials: _____



YMCA OF ABILENE

Thank you for your support of our youth's development!

Company or Family Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact Name: _____ Cell Phone: _____

Email for Sponsor Receipt: _____

*** Sponsorships and donations are tax-deductible. You will receive a receipt from the YMCA for your records.**

Sponsor Level Bonuses

Bronze – Recognition on social media, and our website

Silver – Social Media, website, T-shirts

Gold - Social Media, website, T-shirts, Banner on the Pool Deck

Option 1. Yes, we want to sponsor the Tidal Wave Swim Team at the level indicated below:

☐ Bronze - \$100 ☐ Silver - \$250 ☐ Gold - \$500

Gold - \$500

Option 2. We would like to make a one time gift to support the Tidal Wave swim team: Amount: _____

Please select one of the following:

☐ Use credit card information below

☐ Use my credit card information on file at the YMCA☐ Check enclosed

Make payable to YMCA of ABILENE

Tidal Wave swim team 25-26 sponsor in the notes

T-Shirt Option



Banner Option



YMCA OF ABILENE TIDAL WAVE SWIM TEAM – SEASON SPONSOR FORM

Banners will be displayed on the pool deck for the duration of the Tidal Wave 2025 – 2026 season for all members to see. Each day the pool sees between 100 and 250 guests everyday.

T-shirts will have all Silver and Gold sponsors listed on the back for all shirts printed during the 2025 – 2026 season. Sponsor forms must be turned in by 9/15/25 for the shirts.

Payment Option 1: Credit Card Draft	
_____ Name on Credit Card	_____ Credit Card Number
_____ Expiration Date	_____ Zip Code
Master Card VISA Discover	
Payment Option 2: Check	
_____ Name Payable on Check	_____ Check Date
_____ Check Number	_____ Check Amount
Payment Option 3: Member Information on file	
_____ Primary Members Name	_____ Date of Birth

Print Name: _____

Date: _____

Authorized Signature: _____

Thank you for your support of our youth's development!

Front Office Use Only

Date Processed: _____ Employee Initials: _____

Total Amount Paid: _____ Receipt #: _____