



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

QUICKSILVER SWIM TEAM

2026-2027 SEASON

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

TEAMS	MONTHS	SEASON FEES	PRACTICE DAYS		PRACTICE TIMES
Senior/Black	6 months	\$440	Sep 21-Nov 13	Mon thru Fri	4:00-5:30 pm
			Nov 16-Mar 19	Mon/Tues/Thurs/Fri	5:30-6:45 pm
Silver	5½ months	\$380	Sep 28-Mar 19	Mon thru Fri	5:30-6:45 pm
QS1	5½ months	\$300	Oct 5-Mar 19	Tues thru Fri	5:30-6:30 pm
GISH	3 months	\$230	Sep 21- Nov 13	Mon thru Fri	4:00-5:30 pm
Practices on Wednesdays for all groups are from 5:30-6:30 pm. Season dates are approximate and cost is not prorated. *Season fees can be set up on a monthly payment or can be paid in full.					

Quicksilver Swim Team Level: ☐ Senior ☐ Black ☐ Silver ☐ QS1 ☐ GISH

Child's Name: _____

☐ Boy ☐ Girl

Address: _____

Birthdate: _____ Age: _____

City: _____ State: _____ Zip: _____

Dad or Mom (Guardian) Email: _____

Phone / Cell: _____

Emergency Contact: _____

Emergency Phone / Cell: _____

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

I, the undersigned, as participant in the above Grand Island YMCA Program class, 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. SEX OFFENDER POLICY: The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

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

