



MID MAINE DOLPHINS SWIM TEAM

Season Runs
May 8 - July 27, 2023

Summer 2023

Ages 6+

Belong Believe Achieve



Tryouts: MMD Tryouts May 1 & 2 - 4:30-5:30 pm - If you are unable to attend these dates, please contact Head Coach, Lauren Dwyer at ldwyer@clubaycc.org to schedule a tryout. Athletes must be able to float 50 yards confidently.

Bronze: Swimmers in the Bronze Level should be able to: swim the length of the 25 yard pool on their own, swim 25 yards in both the front crawl and backstroke. This group will learn breathing techniques as well as competitive strokes. They will also focus on learning alongside other swimmers and having fun in a competitive atmosphere. (Recommended ages 7-9) Practices: **Mon, Wed & Fri 5:30-6:15 pm**

Silver: Swimmers in the Silver group demonstrate ability to swim all four competitive strokes (butterfly, backstroke, breaststroke, and freestyle) and be able to swim several hundred yards continuously. They are able to do flip turns/ open turns and use breathing techniques. They will understand timing clocks. Silver swimmers build stamina and focus on depth of existing technique. They may join USA Swimming with coach approval. (Recommended ages 8-11) Practices: **Mon-Fri 5:30-6:15 pm**

Gold: Gold swimmers exhibit endurance and speed through higher level training than before. They focus on race strategies, breathing patterns, practice structures, stroke and kick rates. This regimen includes 2 days of dryland training per week. Gold swimmers know how to read a swimming clock and how to perform a swim set independently. They are encouraged to join and compete within USA Swimming for additional growth opportunities. (Recommended ages 10-13) Practices: **Mon-Fri 4:00-5:00 pm**

Platinum: Platinum swimmers make up our most advanced practice group and are ready to compete at the highest level including Junior Olympics and Nationals. They are motivated, dedicated, hard working swimmers ready for challenging and technical practices. Platinum swimmers perfect their techniques while optimizing their speed and stamina. They focus on mastering race strategies, breathing patterns, stroke and kick rates. Swimmers in this group will participate in frequent dryland training and optional weight lifting with a trainer (additional costs apply). They are expected to volunteer/mentor teammates and demonstrate role-model behavior on and off the deck. They are strongly encouraged to join and compete in USA Swimming. (Ages 9-18). Practices: **Mon-Fri 4:00-5:30 pm**

Coach Lauren will assign your athlete to a practice group based on their swimming ability. If you do not know what practice group your athlete is in please contact Coach Lauren - ldwyer@clubaycc.org or 207-873-0684

FEES & PAYMENT OPTIONS

Each swimmer must hold an active AYCC Membership throughout the season - May 8 - Jul 27, 2023

1. Full Season Pay - Requires full payment and is due at registration.

Payment Options: Online www.clubaycc.org/aquatics / Phone 207-873-0684 / In Person

2. Monthly Payment Scheduling Option - The initial deposit payment is due upon registration. The second two payments are scheduled to automatically draft with a credit card or bank account on file. See page 3 for required form. Families must complete the auto schedule payment form to take part in this option.

Payment Options: In Person with Auto Scheduled Payment Paperwork. FMI, please reach out to Wendy Grenier, wgrenier@clubaycc.org / 207-873-0684

Practice Group	Full Season Price	Initial Payment - May	June 1 auto payment	July 1 auto payment	Practice Days	Practice Times (May-When Outdoor Pool Opens)
Bronze	\$200.00	\$ 68.00	\$ 66.00	\$ 66.00	M-W-F	5:30-6:15p
Silver	\$230.00	\$ 76.00	\$ 76.00	\$ 76.00	M-F	5:30-6:15p
Gold	\$300.00	\$ 100.00	\$100.00	\$100.00	M-F	4:00-5:00p
Platinum	\$380.00	\$ 128.00	\$126.00	\$126.00	M-F	4:00-5:30p

MMD Summer Swim Team Auto Payment Option

Need Assistance? 207-873-0684 / Wendy Grenier wgrenier@clubaycc.org



Swimmer Info:

Last Name _____ First Name _____

MMD Practice Group _____

For additional swimmers from the same family:

Last Name _____ First Name _____

MMD Practice Group _____

Last Name _____ First Name _____

MMD Practice Group _____

Last Name _____ First Name _____

MMD Practice Group _____

See next page for payment details.

Authorization for Automatic Withdrawal of Membership/Program Payments to the AYCC



Daxko Primary Last Name _____ First Name _____
Daxko Unit ID _____

_____ Full Balance / Amount Due
_____ Amount of Scheduled Fee Frequency of scheduled payments **Weekly Bi-Weekly Monthly**
Payments to be made on the following dates _____
Last Payment Date _____

Please list the membership or programs that this form authorizes payments for.

I authorize my financial institution to honor pre-authorized drafts drawn by the Alfond Youth and Community Center on my account for payments due to the AYCC.

BANK ACCOUNT

ACCOUNT HOLDER NAME: _____
FINANCIAL INSTITUTION NAME: _____
CHECKING _____ SAVINGS _____
FINANCIAL INSTITUTION ROUTING NUMBER: _____
ACCOUNT NUMBER: _____

OR CREDIT CARD

CREDIT CARD ACCOUNT HOLDER NAME: _____
CREDIT CARD INSTITUTION NAME: _____ CARD TYPE: _____
CREDIT CARD NUMBER: _____ EXP. DATE: _____

I hereby authorize The Alfond Youth and Community Center to initiate a debit entry to my checking/savings account or credit card account at the financial institution listed above and initiate adjustments (if ever necessary) for any transaction debited/credited in error. This authority will remain in effect until the Alfond Youth and Community Center is notified by me in writing. The written notice must be received by the Alfond Youth and Community Center at least 14 days before the next billing cycle.

Returned transactions for reasons such as: declined, insufficient funds, closed account, member contact issuer; will incur a \$10-\$30.00 fee payable to the AYCC upon repayment of initial declined payment upon each occurrence. Initial payment, plus AYCC fee must be paid in full within 14 days by cash, money order, bank check or credit card. Continued occurrences may result in the loss of childcare.

Name of Authorized Account Holder Signature of Authorized Account Holder Date

Date Authorization Received _____ Staff Entering Authorized Payments _____