



ALFOND YOUTH & COMMUNITY CENTER



MID-MAINE DOLPHINS SWIM TEAM 2023-2024

Ages 6+
Sept 5, 2023 - Mar 2024



WINTER TEAM INFO

Team Questions - Contact Coach Colin Reeve -
creeve@clubaycc.org



All groups focus on having fun in a competitive atmosphere, building stamina and endurance, stroke technique, race strategy, and being part of a healthy team. All swimmers are encouraged to compete in YMCA swim meets.

Bronze: Swimmers in the Bronze group must be able to swim the length of the pool (25 yards) on their own, in both the front crawl and backstroke. This group will learn breathing techniques, competitive strokes, dives, and other basics of competitive swimming.

(Recommended Ages 6-9)

Practices: Mon, Wed & Fri 5:15-6:00 pm

Silver: Swimmers in the Silver group must be able to swim all four competitive strokes (butterfly, backstroke, breaststroke, and freestyle) and be able to swim several hundred yards continuously. They should be able to dive, do flip turns, use breathing techniques, and understand the pace clock. They may join USA Swimming with coach approval.

(Recommended ages 8-11)

Practices: Mon-Fri 5:15-6:00 pm

Gold: Gold swimmers must have competitive swim team experience, and the endurance and self-motivation to complete one-hour practices with vigor. They focus on higher-level stroke techniques and race strategies. Gold swimmers know how to read a pace clock and how to swim sets independently. They are encouraged to join and compete within USA Swimming for additional growth opportunities. (Recommended ages 10-13)

Practices: Mon-Fri 4:15-5:15 pm

Platinum: Platinum swimmers make up our most advanced practice group and are ready to compete at the highest level. They are self-motivated, dedicated, hard working swimmers ready for challenging and technical practices. Platinum swimmers keep a focus on stroke techniques while optimizing their speed and stamina. Goals include implementing race strategies, breathing patterns, and stroke and kick rates. Swimmers in this group and age 13+ may participate in optional weight lifting sessions with our personal trainers. 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 10-18). **Practices: Mon-Fri 3:00-4:30 pm (late arrivals from school 3:30-5)**

Coach Colin 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 Colin -
creeve@clubaycc.org

FEES & PAYMENT OPTIONS

Each swimmer must hold an active AYCC Membership throughout the season: September 5, 2023 - March 2024 championships

AYCC Membership Rates:

Youth \$40/year • Teen \$150/year or \$13/month • Family begins at \$50/month

Youth Membership does not include access to the AYCC's fitness classes, Gronk Zone, or the Wellness Center.

Full Season Pay - Requires full payment for the season and is due at the time of registration.

Financial assistance is available for full season pay and through the bank draft option. Financial Assistance Application along with one month's worth of household income information required for processing.

Automatic Monthly Payment Option - Payments are split as a monthly draft over each of the seven months of the swim season. A small convenience fee is added to this option. Requires a financial agreement to process fees in this manner.

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

All payment options must be complete prior to the athlete entering the pool for any practices and/or meets.

Level	Full Season	Monthly Auto Payments TOTAL w/Fee - additional paperwork required	Initial Pmt. @Registration	Monthly** Auto Payments
Bronze	\$305.00	\$315.00	\$45.00	\$45.00
Silver	\$395.00	\$405.00	\$60.00	\$57.50
Gold	\$545.00	\$555.00	\$81.00	\$79.00
Platinum	\$645.00	\$655.00	\$94.00	\$93.50

**Monthly Automatic Payments will be deducted from an account each month according to the relevant payment amount and on the following schedule:

Initial payment at registration PLUS:

Oct 1, 2023 Nov 1, 2023 Dec 1, 2023 Jan 1, 2024 Feb 1, 2024 Mar 1, 2024





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

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

_____ Full Balance / Amount Due Name of program participant(s) _____

_____ 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 Alford 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 Alford 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 Alford Youth and Community Center is notified by me in writing. The written notice must be received by the Alford 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 _____