



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

High School Participants

*PLEASE HAVE YOUR HIGH SCHOOL COACH SIGN AND DATE TO CONFIRM
ELIGIBILITY TO YMCA FEE AGREEMENT*

I, _____, verify that _____ will be
actively participating on the _____ High
School Swim Team for the 2023-2024 swim season.

Signature: _____

Date: _____