



**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 2025-2026 season.

Date:

Signature: