



SWIM TEAM

Season Dates: 1/3/2022-4/14/2022

SWIM TEAM ELIGIBILITY:

All swimmers must first complete a swim team try-out. This includes swimming free style 50 yards (two lengths in the lap pool) in order to qualify for the YMCA Barracuda Swim Team. Try-outs are held on Tuesdays or Thursdays at 4:15pm. Please bring proper bathing suit attire and goggles to the tryout.

ASSESSMENT WEEK:

Each season will start with a two-week assessment period in which each swimmer will be observed, assessed and put into a group for practice. 100% attendance during this two week period is critical for a proper assessment.

PRACTICE SCHEDULES:

Under 10 years of age practices: 4:30pm-5:30pm or 5:30p-6:30pm Monday through Thursday.

11 years of age and older practices: 6:30pm-7:30pm Monday through Thursday.

NOTE: All swim team participants younger than 11 years of age must be accompanied by an adult before and after practice. Parents and/or Guardians must remain in the building during practice. Swimmers must be present 3x per week to stay on the swim team.

REFUND POLICY:

No refunds or make-ups are given for missed practices. Credits may be issued for medical reasons only with a physician's note. No pro-rating is given for swim team sign-ups after the start date.

SEASON FEE COST:

\$190 for the first child
\$174 for siblings

Contact Information:

Nicole Leno
(561) 237-0951
nleno@ymcaspbc.org

Peter Blum Family YMCA 6631
Palmetto Circle South
Boca Raton, FL 33433
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Barracudas Swim Team Registration

Participant Information

Name (Last, First)

Date of Birth (mm/dd/yr)

Address

M/F

Age Today

City, State, Zip

Phone Number

Alt. Phone Number

E-Mail

Employer/Work

Payment Method

Please check the payment plan option you would like to schedule:

Pay SEASON amount in FULL (circle one)

\$190.00 First Child

\$174.00 Sibling

Quick Registration (choose a payment option on the left)

Charge Account on file

Use New Credit Card # _____

Card Type _____ Expiration _____

I authorize the YMCA to charge the account on file or the new card I provided above:

Signature _____ Date _____

Agreement & Release of Liability Statement

I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand, and expressly acknowledge, that when my child attends the YMCA premises, he/she does so at his/her own risk. I release the YMCA and its staff members, its directors, officers and agents from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities, whether on or off the YMCA premises. I understand that this release includes, but is not limited to, any claims based on negligence, action or inaction of the YMCA, its staff, directors, offices, members, agents, representatives and guests. I have read this form and grant permission for my child,

_____ to participate in all activities provided by the YMCA of Boca Raton. I authorize the staff of the YMCA of Boca Raton, or appropriate medical personnel, to administer emergency medical treatment to my child. I also understand that I am solely responsible for all costs incurred for such treatment. I will permit my child to attend field trips and swimming lessons within the YMCA programs. I have read and am voluntarily signing this authorization and release. I also give my permission for photographs of my child to be used in YMCA brochures, flyers, videos and to be released to the news media.

Parents Signature: _____ Date: _____