



# SWIM TEAM

**Season Dates: 1/9/2023-4/20/2023**

## Swim Team Eligibility

All swimmers who have not been on the previous season's team **must** complete a swim team try-out. Barracuda Swim Team Try-outs are held Monday—Thursday 4:15pm. You must register for the tryout at the front desk. 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 and assessed.  
100% attendance during this two week period is critical for a proper assessment.

## Practice Schedules

- Bronze Level: 4:30-5:15pm Monday through Thursday
- Silver Level : 5:15-6:30pm Monday through Thursday
- Gold Level : 6:30-8:00pm Monday through Thursday
- Platinum PM : 6:30-8:30pm Monday through Thursday
- Platinum AM : 7:00-8:30am Monday through Friday

**NOTE: All swim team participants younger than 11 years of age must be accompanied by a parent and/ or guardian at all times.**

## 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.

## Cost

Season Fee: **Bronze Level** \$200.00 per season for the first child  
\$180 Sibling season discount  
**Silver Level** \$205.00 Per Season for the first child  
\$185 per Sibling Season discount  
**Gold Level** \$210.00 per season for the first child  
\$189 Sibling Season discount  
**Platinum PM** \$230.00 per season  
**Platinum AM** \$230.00 per season

### Contact Information:

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# Barracudas Swim Team Registration

## 1 Participant Information

_____ Name (Last, First)	_____ Date of Birth (mm/dd/yr)	
_____ Address	_____ M/F	_____ Age Today
_____ City, State, Zip	_____ Alt. Phone Number	
_____ Phone Number	_____	

## Payment Method

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

Please circle one:

- Bronze
- Silver
- Gold
- Platinum AM
- Platinum PM

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 \_\_\_\_\_

## 3 Agreement & Release of Liability

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 it's 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: \_\_\_\_\_