



Swim Team Eligibility: Registration will begin 8/1/23

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.

Each season will start with a two week assessment period in which each swimmer will be observed and assessed.

- 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

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.

Peter Blum Family YMCA
6631 Palmetto Circle South
Boca Raton, FL 33433
www.ymcaspb.org

Barracudas Swim Team Registration

1 Participant Information

Name (Last, First)

Date of Birth (mm/dd/yr)

Address

M/F

Age Today

City, State, Zip

Phone Number

Alt. 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 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: _____