



SWIM TEAM

Season Dates: 9/3/2024-12/12/2024

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

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. 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: 4:30-5:30pm Monday through Thursday
- Silver Level : 5:30-6:45pm Monday through Thursday
- Gold Level : 6:45-8:00pm Monday through Thursday
- Platinum PM : 6:45-8:00pm 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

Cost

Season Fee: **Bronze Level** \$210.00 per season for the first child
\$190 Sibling season discount
Silver Level \$215.00 Per Season for the first child
\$195 per Sibling Season discount
Gold Level \$220.00 per season for the first child
\$199 Sibling Season discount
Platinum PM \$240.00 per season
Platinum AM \$240.00 per season

Contact Information:

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Peter Blum Family YMCA
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South
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Barracudas Swim Team Registra-

1 Participant Information

_____	_____
_____ Name (Last, First)	Date of Birth (mm/dd/yr)
_____	_____
_____ Address	M/F Age Today
_____	_____
_____	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

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