

## Season Dates: 1/6/2025-4/10/2025

### Swim Team Eligibility: Registration will begin 12/11/24

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: 4:30-5:30pm Monday through Thursday

• Silver Level: 5:30-6:30pm Monday through Thursday

Gold Level: 5:30-6:30pm Monday through Thursday

Platinum PM: 6:30-8:00pm Monday through Thursday

<u>NOTE</u>: 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 \$220.00 per season for the first child

\$220 Sibling season discount

**Silver Level** \$225.00 Per Season for the first child

\$205 per Sibling Season discount

**Gold Level** \$230.00 per season for the first child

\$210 Sibling Season discount

Platinum PM \$250.00 per season Platinum AM \$250.00 per season

#### **Contact Information:**

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

Peter Blum Family YMCA 6631 Palmetto Circle South Boca Raton, FL 33433 www.ymcaspbc.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	<del></del>	Alt.	. Phone Number
Payment Method			
Please check the payment plan option			
you would like to schedule:	$\square$ <b>Quick Registration</b> (choose a payment option on the left)		
Please circle one:	O Charge Accoun	t on file	
Bronze	O Use New Credit Card #		
Silver	Card Type Expiration		
• Gold	cara Type _		
Platinum AM	I authorize the YMCA to charge the account on file or the new		
Platinum PM	card I provided above:		
	Signature	[	Date
3 Agreement & Release of Liabil	itv		
I understand that even when every reasonal Therefore, in exchange for the YMCA allowing and expressly acknowledge, that when my clown risk. I release the YMCA and it's staff of any injury, loss or damage connected in whether on or off the YMCA premises. I understand the staff of the YMCA of Boca Raton, or apply treatment to my child. I also understand the treatment. I will permit my child to attend for have read and am voluntarily signing this augraphs of my child to be used in YMCA broces.	ole precaution is taken, ac ng my child to participate hild attends the YMCA pre members, its directors, of any way whatsoever to pa derstand that this release on of the YMCA, its staff, form and grant permission ctivities provided by the Y propriate medical personn at I am solely responsible ield trips and swimming leathorization and release. hures, flyers, videos and t	in YMCA activities in YMCA activities in YMCA deficers and agents articipation in YM includes, but is redirectors, offices on for my child, YMCA of Boca Ratel, to administer for all costs incuses on some within the lalso give my persone to be released to	es, I understand, oes so at his/her is from all liability MCA activities, not limited to, any is, members, agents ton. I authorize emergency medical arred for such e YMCA programs.
Parents Signature:	Date:	<b>:</b>	