



**FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **JUMP IN THE WATER'S FINE**

## **Gators Swim Team**

**Whether you are a first-timer looking for a new sport or a seasoned pro looking to sharpen your skills, we've got a spot for you.**

### **Practice Times:**

Monday-Thursday 6:30pm-7:30pm

Practice begins Monday, April 2<sup>nd</sup> (There will be a brief parent orientation while kids are at practice) and will end Thursday, September 27<sup>th</sup>

Year-Round Team will swim in January, February, March, October, November, and December

### **Participant Requirements:**

Must be age 5-18 years old

Must be able to swim one length (25 yards) without touching bottom.

### **Meets:**

A schedule will be provided at parent's meeting

One spring quad meet

All summer meets through river cities

One fall quad meet

### **Cost:**

Child on family membership - \$300

Child on youth membership - \$400,

This price includes all Entry and Registration fees, T-Shirt, and Swim Cap

Non-Season Months: \$35/mo



# Swim Team Registration

Phone (225)924-3606

**Swim Team**

**Family members - \$300**

**Youth member - \$400**

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Home#: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical problems: \_\_\_\_\_

**Please complete a separate registration form per child.**

**NO MAIL IN REGISTRATIONS WILL BE ACCEPTED!**

Refunds are available minus a \$10 processing fee. A written request is required for all refunds.

There is a \$25 charge on all returned checks.

The YMCA does not provide accidental/ medical insurance for program participants.

I grant the YMCA or its agent's permission to transport my child in the event of an emergency and I am unable to be contacted. I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold the YMCA harmless from any claims for damage to property or injury, which may occur through participation in any activity at the YMCA or in its programs.

The YMCA reserves the right to use photographs taken of program participants and their family for marketing and publicity.

I have read and understand the above information. My child has permission to participate in this YMCA program.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

**YMCA of the Capital Area Mission:** Our YMCA is an Association of persons united in a common effort to enhance the quality of life, spiritually, mentally, and socially, for all, in the communities we serve through the ecumenical application of Christian principles.



**Scholarships are available for all YMCA programs based on financial need and availability of funds.**

A. C. Lewis YMCA

Abby Craanen

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