



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

#### **DATES**

#### **Practice Days & Times\*\***

Monday, Wednesday Thursday  
3:30—4:30 p.m.

\*\*Practices days and time are subject to change due to participation numbers and skill levels

#### **AGES**

Boys & Girls 5-18 years old

#### **COST**

##### **Members:**

\$40 per month

##### **Participants:**

\$60 per month

Payment due at registration for first month and auto pay will be set up for remaining months.

#### **SWITZERLAND COUNTY YMCA**

1114 West Main St  
Vevay, IN 47043

(812)427-9622  
www.switzymca.org  
scymca.eric@gmail.com

# MAKE EVERY LAP COUNT

## Sharks Swim Team

### 2021-22 Fall/Winter

Make every lap count with the Switzerland County YMCA Sharks swim team. Swimming is a sport that individuals can excel in personally while still participating in a fun team environment. The Shark swim team, a member of the Kentucky-Indiana YMCA Swim Association (KIYSA), is a youth competitive swim team. Participants will have the opportunity to learn the rules of competitive swimming, build swimming skills, and increase endurance. Practices will be held three times a week throughout the season. The season runs through the middle of February. There will be a swim meet each month on Saturday mornings for the duration of the season. At the end of the second session there will be a championship meet against all eight KIYSA teams.



#### **Notes**

- In order to be apart of the sharks swim team participants must be comfortable swimming the full length of the pool.
- Swimmers will be responsible for their own goggles, towel, and practice suits.
- Team suits once selected, will be an additional fee and must be paid before the suits are ordered. We will place a bulk order to avoid shipping charges and receive a quantity discount.
- Monthly payments are unavailable for the fall/winter session of the Sharks season.
- Switzerland County YMCA membership must remain in good standing throughout the duration of the program in order to receive member rates.

# 2021 Fall/Winter

## SWITZERLAND COUNTY YMCA

Sharks Swim Team Registration Form  
Please Print

### CHILD'S INFORMATION

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First Name Last Name Date of Birth Age Gender

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Address City State Zip

Member  Nonmember

Suit Size: \_\_\_\_\_ (Female-chest size and Male-waist size)

**Please list any special needs** your child may have. Such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, any medication prescribed for long-term continuous use, EPI pen, and any other information the staff should be aware of: \_\_\_\_\_  
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### PARENT/GUARDIAN INFORMATION

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First Name Last Name Phone Cell Email

-----  
Address City State Zip

### EMERGENCY CONTACT INFORMATION

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First Name Last Name Phone Cell Relation to Child

### WAIVER AGREEMENT

I hereby certify that my child is in normal health and capable of safe participation in this program. If my child has a condition, I will show written proof of my physician's authorization to participate in this program or my child is participating with my knowledge of possible risk. I agree to indemnify the Switzerland County YMCA, staff, volunteers, Board of Directors, and all instructors of this program from any and all injury, which may occur during my child's participation. In the event that the YMCA is unable to reach me or my emergency contact, I give permission to the YMCA to proceed with emergency treatment or transportation to and/or admission to the nearest hospital.

I give \_\_\_ I do not give \_\_\_ permission for my child's phot to be used in promotional literature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_