



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PRACTICE DATES

Starting September 6th
Every Monday and Wednesday
3:30pm -4:30pm

Ages

Boys & Girls 5-18 years old

Monthly Cost

\$45- Members
\$65-Non Members

SWITZERLAND COUNTY YMCA

1114 West Main St
Vevay, IN 47043

(812)427-9622
www.switzymca.org

For more information, contact:
Wren Keyes and Jill Peters

2023-2024 SHARKS SWIM TEAM



The 2023-2024 Fall/Spring Sharks Swim season is near! The KIYSA swim league brings school-aged youth together to learn competitive swimming and cultivate the values of teamwork. Swimming is a sport that individuals can excel in personally while building friendships in a fun team environment. Participants will have the opportunity to learn and specialize in different strokes, explore their own strengths, and build physical fitness. You can find a meet schedule on the back of this flyer.

2023

SWITZERLAND COUNTY YMCA

Sharks Swim Team Registration Form
Please Print

CHILD'S INFORMATION

First Name _____ Last Name _____ Date of Birth _____ Age _____ Gender _____

Address _____ City _____ State _____ Zip _____

Member Nonmember Is your child swimming with the SCMS team? _____

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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Practices Dates and Times

Starting September 6th
Every Monday and Wednesday
3:30pm—4:30pm
(Time may be extended as season progresses)

Meet Schedule

Times will be announced by coaches (TBD)

Sept 23 –ALL TEAMS
@ Floyd County

Oct 21 –SC YMCA vs Oldham County
@ SC YMCA

Nov 11 –SC YMCA vs Tri-County &
Southwest
@ SC YMCA

Dec 9 –ALL TEAMS @ Floyd County

Jan 20– ALL TEAMS @ Floyd County

SEISA Championship Meet

Feb 24– Champions @ SCYMCA

Notes

-In order to be a part 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.

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

Please return forms to the school or the Y as soon as possible.

-Thanks!

STAY IN THE KNOW!

Google Play Store: TeamReach App

Download the TeamReach App

Enter Code: YSharks

****All communication, schedule changes, or important information will be communicated through the app.**



PARENT/GUARDIAN INFORMATION

First Name _____ Last Name _____ Cell _____ Email _____

Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION

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 even 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: _____