



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**PRACTICE DATES**

**Starting May 9th, 2023**

**Tuesdays and Thursdays**

**May-3:30pm-4:30pm**

**June-8:30am-9:30am**

*Experienced swimmers may practice as late as 10am*

**Ages**

**Boys & Girls 5-18 years old**

**Cost (Whole Summer Season)**

**\$80/Member, \$90/Non-Member**

**SWITZERLAND COUNTY YMCA**

1114 West Main St

Vevay, IN 47043

(812)427-9622

# GROWING STRONGER AS A TEAM



## Sharks Swim Team Informational Flyer

Grow stronger this summer by participating in our summer swim league. We will not only be growing our program, but maintaining our swimmers' year round fitness. Swimming is a sport that individuals can excel in personally while still participating in a fun team environment. We will be joining the Southeastern Indiana Swim Association (SEISA) a competitive summer swim league made up of 8 teams in the Southeastern Indiana region. Participants will have the opportunity to learn the rules of competitive swimming, build swimming skills, and increase endurance. Each team will have 6 dual meets (a meet against each team in the league) and the season will end with a championship meet between all eight SEISA teams. 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:

\_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
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**Dates**

May 9th–June 24th

**Practice Days & Times**

**Starting May 9th, 2023**

Tuesdays and Thursdays Weekly

May–3:30pm–4:30pm

June–8:30am–9:30am

**Meet Schedule**

- June 5–SCY vs HVL @ SCY 6pm
- June 7–SCY vs JCSC @ JCSC 6pm
- June 12–SCY vs SWAT @ SWAT 6pm
- June 14–SCY vs DCTS @ SCY 6pm
- June 19–SCY vs BST @ BST 6pm
- June 21–SCY vs MA @ SCY 6pm
- **SEISA Championship Meet**
- June 24 @ Jennings County (Time: TBD)

**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

**\*\*All weeknight meets will begin at 6:00 pm. The championship meet is an all day event.**

**\*\*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!

**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 \_\_\_\_\_ Phone \_\_\_\_\_ 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.