**PUTNAM COUNTY YMCA SWIM TEAM REGISTRATION FORM**

Name Middle Initial\_\_\_\_\_\_ Birth date Age (as of 12/01/18) \_\_\_\_\_

Address Cell Phone number

Parent’s Name Email address

CONSENT FOR EMERGENCY TREATMENT

We the parents of give permission for medical treatment of our child for illness of accident if we cannot be contacted.

\*Parent/ Guardian signature Date

Does your child have allergies or require special medications? YES NO

Please explain

Emergency Contact Person (other than parent)

Name

Phone Number

We hereby agree that the Putnam County YMCA Swim Team, its members, coaches, or officers shall not be liable for any injury or loss which my child/ children may substain while participating in activities of any kinds, whether sponsored by or under supervision of the Putnam County YMCA Swim Team, its members, coaches, officers or designates of any kinds from claim whatsoever.

Parent Guardian Signature Date

**TERMS OF THE PUTNAM COUNTY YMCA SWIM TEAM**

We hereby agree that any inappropriate behavior by the swimmer, such as name calling, hitting, biting, disrespecting coaches or another swimmer, will result in consequences. The coach will give the swimmer 2 verbal warnings before being dismissed for the rest of that days’ practice. If inappropriate behavior continues, other discipline actions will be considered.

Parent/ Guardian Signature Date

We hereby agree that the full payment is due by December 31, 2018. We agree that if we have not completed payment by the above date, the swimmer(s) will no longer be able to participate in the program until payment is received.

Parent/ Guardian Signature Date

**PUTNAM COUNTY YMCA SWIM TEAM**

Coach: Breanne Schroeder Contact Information: 419-615-3697 breanneschroeder1@gmail.com

[www.putnamcoswimteams.com](http://www.putnamcoswimteams.com) [www.putnamymca.org](http://www.putnamymca.org)

|  |  |  |  |
| --- | --- | --- | --- |
| Group | Days | Times | First time swimmers who will  be working on stroke technique. |
| Black | Monday & Thursday | 6:00-6:45 PM |
|  | Friday | 5:15-6:00 PM |
| Red | Wednesday & Friday | 5:00-6:00 PM | Swimmers who have swim team experience and |
|  | Monday & Thursday | 5:30-6:15PM | do not need much stroke technique. |
| Silver | Tuesday Wednesday & Friday | 4:30-6:00 PM | Swimmers who have be recommended from Red |
|  | Monday & Thursday | 4:30-5:30 PM |
| Gold | Monday-Fridays | 4:30-6:00 PM | Swimmers who have been recommended from silver. |

**\*NEW PRACTICE TIMES! PLEASE CHECK WITH COACH BREANNE FOR WHAT GROUP\***

|  |  |  |  |
| --- | --- | --- | --- |
| First Child | $200.00 | Second Child | $185.00 |

|  |  |  |
| --- | --- | --- |
| Third Child | $145.00 | Every Child after 4 $75.00 |

BECOMING A USA SWIMMER IS OPTIONAL TO ATTEND USA SWIMMING MEETS. ADDITIONAL FEE IS REQUIRED FOR MEMERSHIP.

|  |
| --- |
| High School Swim Team members: $85.00 (must pay) |

**All new swimmers interested in joining the team will need to come to “Watch and See Night”.**  This will be when the new swimmers come to the pool and swim for the coaches. The coaches will need to see where the new swimmers’ abilities are and what group is the best for them. **“Watch and See Night”**  will be held **Monday, September 10, 2018 at 6:00pm** as well as **Swim Suit Try-on from 4-6.** If your swimmer can not make it to “Watch and See Night” and still wants to be a part of the team please make other arrangements with Coach Breanne.

**Payment:** **A $50.00 Deposit/ child, is required at time of registration.** Full payment needs to be paid by December 30th.

If a payment is not received, the swimmer will not participate until the bill is paid.

**September 12th, 2018-----** First practice for Silver and Gold Groups

**September 24th, 2018---------**First practice for Red and Black Groups

**MUST BE A MEMBER OF THE PUTNAM COUNTY YMCA TO PARTICIPATE- See YMCA for Details of Memberships**