

## PUTNAM COUNTY YMCA SWIM TEAM

Coach: Breanne Schroeder

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GROUPS	DAYS	TIMES	GROUP DESCRIPTION
<b>Black</b>	Monday –Friday	5:30-6:15pm	First time swimmers who will be working on stroke technique.
<b>Red</b>	Monday-Friday	5:30-6:15pm	Swimmers who have swim team experience and need less stroke technique.
<b>Bronze</b>	Monday- Friday	4:30-5:30pm	Swimmers who have been recommended from Red.
<b>Silver</b>	Monday- Friday	4:30-5:30pm	Swimmers who have been recommended from Bronze.
<b>Gold</b>	Monday-Friday	4:30-6:00pm	Swimmers who have been recommended from Silver.

1st Swimmer: \$200	2nd Swimmer: \$185	3rd Swimmer: \$145	4th+ Swimmers: \$75/Child	High School: \$85
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All new swimmers interested in joining the team will need to come to **"Watch and See"**. The coaches will need to see where the new swimmers' abilities are and what group is the best for them. **"Watch and See"** will be done by appointment only.

**Appointments will be set up during the week of September 20th-September 24th from 4:30-6:30pm.**

***New swimmers will only be accepted if they can swim one length on their stomach and back independently.***

**Payment: A \$50.00 deposit per child, is required at time of registration. Full payment needs to be paid by December 30th. If payment is not received, the swimmer will not participate until the bill is paid.**

**September 20, 2021** First practice for Gold, Silver and Bronze.  
**October 4, 2021** - Red and Black

***Registration and deposit needs to be complete before you are able to start practice.***

**Swim Suit Try-On/ Registration Day will be on Monday, September 13th from 4-6pm.**

**Kelly's Poco Loco will be here with our team suit and practice suits and supplies for swimmers. Registrations can be done at this time.**

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



**PUTNAM COUNTY YMCA SWIM TEAM REGISTRATION**

Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Birthdate \_\_\_\_\_ Age (as of 12/01/21) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Parent's Name \_\_\_\_\_ Email Address \_\_\_\_\_

HS GOLD SILVER BRONZE RED BLACK NEW SWIMMER

**CONSENT FOR EMERGENCY TREATMENT**

We the parents of \_\_\_\_\_ give permission for medical treatment of our child for illness or accidents if we cannot be contacted.

\*Parent/Guardian Signature \_\_\_\_\_

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, illness or loss which my child/children my sustain while participating in activities of any kind, whether sponsored by or under supervision of the Putnam County YMCA Swim Team, its members, coaches, officers or designates of any kind 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 swimmers, will result in consequences. The coach will give the swimmer 2 verbal warnings before being dismissed for the rest of that day's 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, 2021. 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 \_\_\_\_\_

Please give T-Shirt size \_\_\_\_\_.