



**FOR YOUTH DEVELOPMENT™**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

# **STRONGER FASTER BETTER**

## **YBR Swim Team AMERICANA YMCA**

Whether you are a first-timer looking for a new sport or a seasoned pro looking to sharpen your skills, we've got a spot for you.

### **Swim Team**

Season: May 15th—August 3rd

Monday & Wednesday

5:30pm-6:30pm

Cost:

- \$40/season Family Member
- \$20/season Additional Children  
(Family Membership Only)
- \$120/season Program Participants



AMERICANA YMCA  
4200 Liberty Way  
Zachary, LA 70791  
225-654-9622  
[ymcabr.org](http://ymcabr.org)



# Americana YMCA YBR Swim Team

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Participant's Name: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Parent's name: \_\_\_\_\_ Parent's phone: \_\_\_\_\_  
 Parent's name: \_\_\_\_\_ Parent's phone: \_\_\_\_\_  
 Emergency contact: \_\_\_\_\_ Emergency contact phone: \_\_\_\_\_

### Swim Team

Must be able to swim 25 yards of freestyle and 25 yards of backstroke in good form and pass a swim test.

Monday & Wednesday

5:30pm-6:30pm

#### Season:

May 15<sup>th</sup> – August 3<sup>rd</sup>

Swim Meets: June 1<sup>st</sup>, June 8<sup>th</sup>, June 15<sup>th</sup>, June 22<sup>nd</sup>

Registration is ongoing throughout the season however swim team fees will not be pro-rated.

You can schedule an evaluation if you'd like a swim coach to determine if your child is ready for swim team.

Please contact Katryna McLean at [azaquatics@ymcabr.org](mailto:azaquatics@ymcabr.org).

The YMCA does not provide accidental/ medical insurance for program participants. I grant the YMCA or its agent's permission to transport my child in the event of an emergency and I am unable to be contacted. I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold the YMCA harmless from any claims for damage to property or injury, which may occur through participation in any activity at the YMCA or in its programs. The YMCA reserves the right to use photographs taken of program participants and their family for marketing and publicity.

Signature of Parent/ Guardian

Date

I have read and understand the above information. My child has permission to participate in this YMCA program.

Signature of Parent/ Guardian

Date