



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
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# JUST KEEP SWIMMING

## YBR Swim Team Conditioning C.B. PENNINGTON, JR. YMCA

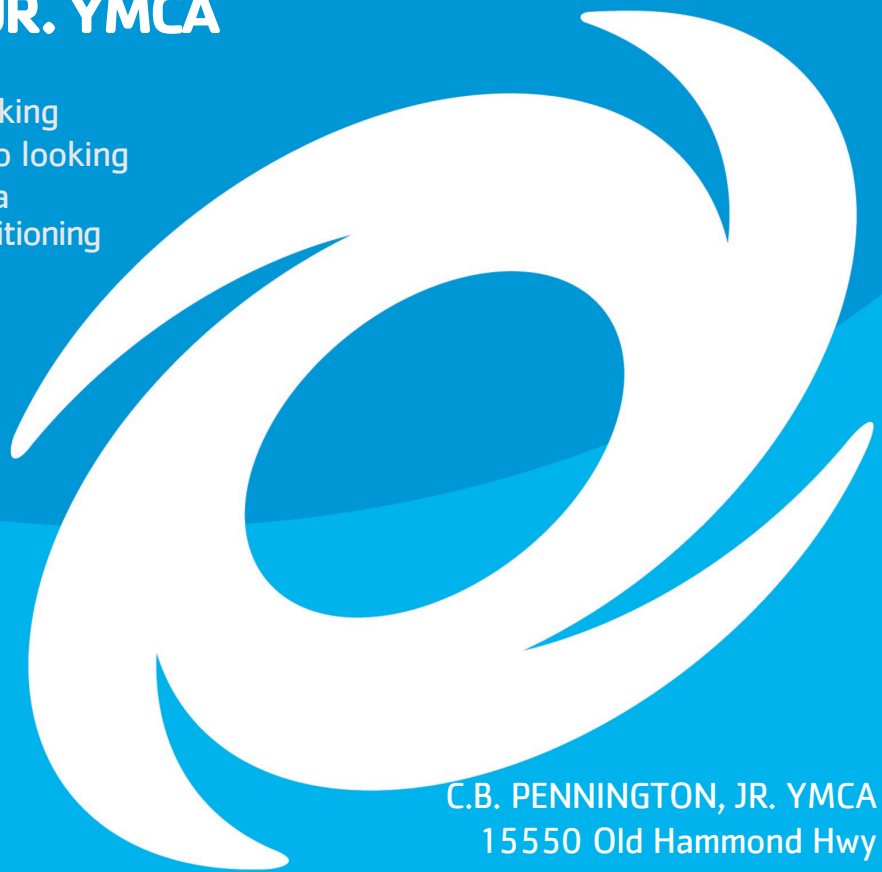
Whether you are a first-timer looking for a new sport or a seasoned pro looking to sharpen your skills, we've got a spot for you. YBR Swim Team Conditioning will focus on stroke development, technique, endurance, and fun!

Requirements: Must be able to pass a swim test and swim at least one length (25 yards) of Freestyle in good form.

Ages : 5years old-18 years old

Practices Times:  
November 7th—February 22nd  
Tuesday and Thursday  
5:30pm-6:30pm

Cost per season:  
Members: \$40  
Program Participants: \$80



C.B. PENNINGTON, JR. YMCA  
15550 Old Hammond Hwy  
Contact: [swimteam@ymcabr.org](mailto:swimteam@ymcabr.org)  
[ymcabr.org](http://ymcabr.org)



# YBR Swim Team REGISTRATION FORM

## CONTACT INFORMATION:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
Phone: (Required) \_\_\_\_\_ Date of birth: \_\_\_\_\_  
E-Mail: (Required) \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Must be able to pass a swim test and at least one length (25 yards) of Freestyle in good form..**

### Practice times:

Tuesday/Thursday  
5:30pm-6:30pm

### Season:

November 7<sup>th</sup> – February 22<sup>nd</sup>

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

You may schedule an evaluation if you'd like a swim coach to determine if your child is ready for swim team. Please contact Heather Shaw at [swimteam@ymcabr.org](mailto:swimteam@ymcabr.org) to schedule a time and date.

The YMCA of the Capital Area does not provide accident or medical insurance for program participants. I recognize that participation in YMCA sponsored activities may expose myself or my child to risk of injury. I agree to hold the YMCA harmless from any claims, which may occur through participation in any activity at the YMCA or in its programs. In cases of emergency or accident to myself and/or to my child and I am unable to respond or be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for myself and/or my child to an appropriate facility for treatment. As a YMCA participant, I authorize the YMCA to use any images taken of myself and/or my child for promotional purposes of the YMCA. I have read and understand the above information and therefore grant myself and/or my child permission to participate in this YMCA Program in accordance with the conditions set forth above.

Signature of Participant/Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_