

Beaufort  
YMCA  
Aquatics  
Club



and the  
Tiger Shark  
Competitive Swim Team

---

## HOMESCHOOL SWIM PROGRAM

September 22, 2014 - February 22, 2015

- For swimmers who can swim 25 yards of freestyle and backstroke and are ready to strengthen butterfly and breaststroke.
- Excellent for recreational swimming and advancing technique.
- Learn fundamental racing technique for competitive swimming or triathlons.
- Swim Practices are Monday, Wednesday, and Fridays from 1:00-2:00pm.

**The coaching staff is responsible for the placement of each swimmer** in an appropriate group based on ability, experience, maturity, age, training level, attendance and motivation.

**Please check out our team website at [www.thetigersharks.com](http://www.thetigersharks.com) for the team handbook and more information.**

***Meet Schedule:*** Oct 18 at Hartsville      Nov 8 at Columbia  
Dec 13 at HOME      Jan 10 at Hartsville      Jan 24 at Georgetown  
Championship Meet at Rock Hill Feb21 & 22nd

***While everyone is welcome to swim with the club,  
Only Y members can compete in swim meets!***

Swimmers Information:

Name(s): \_\_\_\_\_ Age/Date of Birth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shirt Sizes: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian's name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_      Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_      Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-Mail Address to send and receive meet and team info:

\_\_\_\_\_@\_\_\_\_\_

For question or concerns please email Head Coach Heather Bruner at [Heatherswמר@gmail.com](mailto:Heatherswמר@gmail.com)

<b>Swim Team Monthly Fees</b>		
Group	Y Members	Community Participants
Homeschool	\$35	\$55
Regular Meet Fees: \$10 Surcharge per Family. State Championship/Regional meet Fees: \$25 Surcharge + Each Individual Event Fees		

## Authorization for Swim Team Payments:

### ***Drafts Schedule after initial \$25 registration fee (includes team cap):***

October 10<sup>th</sup>    November 7<sup>th</sup>    December 5<sup>th</sup>    January 9<sup>th</sup>    February 6<sup>th</sup>

### Credit/Debit Card Account

Number:

Expiration Date: \_\_\_\_/\_\_\_\_

American Express: \_\_\_\_    Discover: \_\_\_\_    MasterCard: \_\_\_\_    Visa: \_\_\_\_

Security Number (back of card): \_\_\_\_

By signing this, I am authorizing that swim team payments may be withdrawn from my account automatically as indicated above. It is understood that sending a preauthorized EFT to the bank monthly shall constitute valid notice of payment due for swim team. When the bank honors the EFT by charging my account, such EFT shall constitute my receipt for the payment.

Should a preauthorized EFT not be honored by said bank when received by them, then it is understood that the payment must be paid out-of-pocket, or the swim team services will be terminated. It is to my complete understanding that if I wish to terminate or change this draft in any way, I must give the YMCA Aquatics Director 10 day's written notice. Should any swim team EFT not be honored by my bank for any reason, I realize that I am still responsible for that payment plus any service charge applied by the YMCA. This is in addition to any service fee my bank may charge. I understand that the draft will occur on the due date for each month.

Signature of Account Holder \_\_\_\_\_

Printed Name of Account Holder \_\_\_\_\_ Date \_\_\_\_\_

## Waiver / Consent Form

I hereby consent for my child or ward, named on the registration, to participate in Swim Team activities and agree to release the YMCA of Beaufort County, coaches, instructors and lifeguards from any claims that may arise from injuries suffered by my child or ward during their participation. Further, I authorize the YMCA of Beaufort County to provide for emergency treatment for illness of injury to my child, if qualified medical personnel consider the treatment necessary and perform treatment. I consent to the release of photos and name of my child as deemed necessary.

\_\_\_\_\_  
Parent/ Guardian's signature

\_\_\_\_\_  
Date