

MADY MANTAS

WINTER 2016-17 Recreational Swim Team



The MADY MANTAS swim team offers an exciting opportunity for **all levels** to experience competitive swimming. Swimmers are grouped according to ability and age to best suit their skills and social needs while helping them achieve maximum performance. Swim meet participation is encouraged, but not required. The swim team has two seasons, fall/winter and spring/summer, welcoming swimmers ages 4-18 years old. YMCAs are widely recognized as America's leading resource in aquatics. In YMCA programs, children and adults learn not only how to swim, but also about leadership, safety and rescue skills, and water activities that can be enjoyed for a lifetime.

Swimmers will practice at the Hopkins County Family YMCA. Meets occur throughout the season at various locations.

Practice will be held at the YMCA pool on Monday, Tuesday & Thursday from 6pm-7pm beginning Monday, October 17, 2016. Feel free to join us at any time during season.

Swim Team Fees \$35 per month member/\$55 per month non-member

- Must be at least 4 years old and/or able to complete 25 yards continuous swimming
- Refine all 4 strokes with endurance training
- Training and stroke technique with emphasis on endurance, technique, and race preparation.

Financial assistance is available for those who qualify. No child is turned away due to inability to pay.

PLEASE NOTE: The fall team is simply designed for training, stroke development and conditioning.
We only offer meets during winter & summer seasons.

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The Hopkins County Family YMCA believes the values and skills learned as an individual, along with being a part of a team, are vital building blocks for life's greatest challenges. Each swimmer will learn, grow and thrive by developing the skills and relationships they need to be healthy, confident and connected to others.

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(please cut off registration form & give top portion to parent)

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WINTER Recreational Swim Team

Swim Team Fees \$35 member per month /\$55per month non-member

Name _____ Male ___ Female ___ DOB ___/___/___ Age _____

Address _____ City State Zip _____

Phone _____ Parent/Guardian _____ DOB _____

E-Mail _____

I, _____ (Parent/Guardian)

of _____ (Participant),

do hereby agree to hold free from any and all liability the Hopkins County Family YMCA and its officers, employees and volunteers. I do hereby waive all rights and claims for all injuries or damages incurred. I do declare the participant to be physically sound, having medical approval to participate in the activities of the YMCA Aquatics Program.

Parent/Guardian Signature _____ Date _____