



CONFIDENCE, COMPETITION, & SUCCESS

Winter Swim Team MONTGOMERY COUNTY FAMILY YMCA

Registration is now open for our Winter Swim Team Season at the YMCA! This season will look a little different with a new coach and new partnership with USA Swimming!

Winter Swim Team is open to swimmers ages 5 through 18. Practices will be held Monday, Tuesday, Wednesday and Thursdays and meets are held on Saturdays & Sundays. If you have any other questions please contact Missy Stickland.

- Cost will be \$35 per child, per month, for members, and \$40 for non-members (Sibling discount will be available)
- Practices will begin Sept. 5th, please come to the event on Sept. 4th for more information

WHEN: Sept. 4th 6:00PM *Parent meeting, registration, & swim assessment

LOCATION: MONTGOMERY COUNTY FAMILY YMCA
101 E. Cherry St.
Red Oak, IA 51566
712.623.2161
mstickland@mcymca.com





FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY



YMCA WINTER SWIM TEAM 2018-2019 SEASON

Return to YMCA, 101 E. Cherry St., Red Oak, IA
 Or Register Online @ www.MCYMCA.com/OnlineRegistration

NAME: _____ BIRTH DATE: ___/___/___

PARENT: _____ CONTACT #: _____

EMAIL: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

Cost: Members: \$35/Child/Month
 Non-Members: \$40/Child/Month

 THE UNDERSIGNED, _____, with understanding of the potential risks of injury by reason of participation in the following activity: **YMCA Winter Swim Team** does hereby consent to participate in the activity.

The potential risk of participation includes risk of injury from contact with other participants and contact with or use of equipment used in the activity.

The undersigned affirms that by signing this consent the person understands that participation in the activity is voluntary and that the person is free at any time to stop participation.

By this consent and with participation in the activity, the undersigned voluntarily accepts the risk of injury by reason of participation in the activity.

THE UNDERSIGNED provides the following contact information to obtain consent to treat the undersigned in the event of injury or illness during participation:

| | | |
|---------------------------------------|---------|---------------|
| Name (Parent/Guardian - Please Print) | Address | Telephone No. |
|---------------------------------------|---------|---------------|

If the contact person named above cannot be reached, the undersigned gives consent for supervisory staff to provide necessary and reasonable emergency medical care and treatment and further treatment by a licensed professional caregiver as the case may be.

| | | |
|---|------------|------|
| Participant's Parent/Guardian Signature | Print Name | Date |
|---|------------|------|