

Dolphin YMCA Swim Team

2010-2011 Swim Team starts October 4th!

Practices tentatively as follows:

8 yrs & under: 3:30-4:15 or 4:15-5:00 Tuesdays & Thursdays and Fridays 3:30-4:30

(All 8&U are to come at 3:30 the first day so Coaches can determine which time they will practice on Tuesdays & Thursdays.
All 8&U practice together on Fridays at 3:30)

9-10 yrs 3:30-4:30 Mondays & Wednesdays and 4:30-5:30 Fridays

11-12 yrs 4:30-5:30 Mondays & Wednesdays and 5:30-6:30 Fridays

13 yrs and older 5:30-6:30 Mondays, Wednesdays and Fridays

Important!

Informational Meeting for New Parents

September 20th, 6:30-7:30 p.m. at ISD #181 South Campus



Fees: **I. Early Bird Discount fee per Swimmer** - \$165, after September 24th - \$170

10% discount for 2nd and 3rd family members (not available online)

Boys Jr. High swimmer – Early Bird Discount - \$88, after September 24th - \$93

Girls HS swimmer – Early Bird Discount - \$124, after September 24th - \$129

Boys HS swimmer - Early Bird Discount - \$66, after September 24th - \$71

II. 1 Year - YMCA Youth Membership* – (As required by State Swim League)

\$180 (paid in full) or \$15 (monthly bank draft, minimum of one year)

*Enrollment fee waived for swim team members

Registration Opens June 15th

Mail or drop off form with fees / checks payable to: Brainerd Family YMCA, 602 Oak St. Brainerd, MN 56401 Or Register On-line at brainerdlakesymca.org. Questions? Contact Jane at 829-4767, or jhansen@brainerdlakesymca.org

2010-2011 Swim Team Registration Form *Registration Deadline October 1, 2010*

Name _____ Birth date ___/___/___ Gender M F Age _____
(One swimmer per registration form) (as of 12/1/10)

Parent or Guardian _____ Grade _____ School _____

Address _____ City _____ Zip _____

Home Phone # _____ Parent Work # _____ Parent Cell # _____

Email address _____ (all important info is emailed out – no handouts)

Emergency Contact _____ Phone # _____ Relation _____

Doctor's Name _____ Phone # _____

I give permission for my child to participate on the 2010-2011 Dolphin Swim Team and accept full responsibility for any and all injuries that may occur. I also release all pictures/video of my child taken by the YMCA for promotional use only by the YMCA.

Parent/Guardian Signature _____ Date _____

Office Use: Membership Fee _____ Expiration Date _____ Team Fee _____ Check # _____ Staff _____ Date _____