



**YMCA OF BEAUFORT COUNTY
BYAC Swim Team 2018-2019**

**Registration Dates: August 7 – September 10
Season Dates: September 10 – Regionals mid-March**

Swimmers Practice Group will be determined by coach evaluation

Group 1	Shark Pups - <i>Must be a Y member to compete in away swim meets*</i>
Minimum Skills	Must have passed swim lessons (or equivalent), must be able to swim 25 yards of Freestyle and Backstroke without stopping and have basic understanding of butterfly & breaststroke kicks.
Practice	Tuesday, Wednesday, Thursday 4:00-4:45 PM
Registration Fee	(one time) \$50 non-refundable
Monthly Fee	\$70 per swimmer/month Y member* • \$90 per swimmer/month non-member <i>* Financial assistance available</i>

Group 2	BYAC Tigersharks Swim Team Level I - <i>Must be a Y member to compete in away swim meets*</i>
Minimum Skills	Must be able to swim 50 yards of all four strokes technically correct and without stopping.
Practice	Monday, Tuesday, Wednesday, Thursday 5:00-6:00 PM
Registration Fee	(one time) \$50 non-refundable
Monthly Fee	\$75 per swimmer/month Y member* • \$100 per swimmer/month non-member <i>* Financial assistance available</i>

Group 3	BYAC Tigersharks Swim Team Level II - <i>Y members only</i>
Minimum Skills	Must be able to swim 100 yards of all four strokes technically correct and without stopping with proper start, turns, and finish.
Practice	Monday, Tuesday, Wednesday, Thursday 5:00-6:30 PM & Friday 4:45-5:45 PM
Registration Fee	(one time) \$75 non-refundable
Monthly Fee	\$85 per swimmer/month • <i>Y members only</i> <i>** Financial assistance available</i>

*Swimmer **MUST** be a **Y Member** to compete in **YMCA away Meets!** (Not required for our Home Meet)

Additional Information and Fees:

- **Siblings receive \$10 off monthly fee.**
- **Away Swim Meet Fees and coach's travel fees are in addition to the above fees.**
- HOME swim meet is no charge for swim team members.
- Required Gear: Competitive style swim goggles and appropriate swim attire, water bottle.
- Each swimmer will receive a BYAC swim cap and t-shirt.
- Participation in swim meets is highly encouraged for all swimmers to hone competitive swimming skills and track progress.

CYSL WINTER 2018-2019 SWIM MEET SCHEDULE

- October 20th Greenwood YMCA
- December 8th Beaufort YMCA (only home meet)
- January 12th Columbia YMCA
- January 26th Coastal Carolina (Georgetown YMCA)
- February 9th Coastal Carolina (Georgetown YMCA)
- March 2nd and 3rd CHAMPIONSHIP MEET Middle Tyger YMCA in Spartanburg, SC (***Must go to 2 meets and swim the time standards to qualify***)
- TBA Regionals (mid-March) will be held at the Middle Tyger YMCA in Spartanburg, SC

WARDLE FAMILY YMCA

Aquatics Director: Lou Bergen: l.bergen@wardlefamilyymca.org or (843)-522-8622 ext. 236

Head Coach: Sheila Jemella smocjem@gmail.com (917) 439-0245

1801 Richmond Ave., Port Royal, SC 29935 • 843-522-9622 • beaufort-jasperymca.org

PARENT/LEGAL GUARDIAN INFORMATION:

Last Name: _____ First Name: _____

Mailing Address: _____ City: _____ State: ____ Zip _____

Best number to reach you: (_____) _____ Alternate: (_____) _____

Email address: _____ Y Member? ____ Y ____ N

Swimmer Name (F, MI, L)	D.O.B	Age	Gender	Group 1,2,3*	T-Shirt Size
					<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L
					<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L

***Practice Groups – At Registration please enter Group 1, 2, or 3 for each swimmer based on the minimum skill criteria listed on page one of this form. Coaches will evaluate all swimmers and if necessary move swimmers to a different Practice Group at start of season and during season as swimmer progresses.**

Payment Information: Payments will be made through a pre-authorized checking account or credit card draft. THERE ARE NO PAYMENTS MADE AT THE FRONT DESK after the initial registration (no exceptions). \$25 fee returned check charge/ \$15 fee returned credit cards charge.

Credit Card No: _____ Exp. date: _____ CVV: _____

__AMEX: __Discover: __ MC: __ VISA: Signature of Card Holder: _____

Bank Name: _____ Checking/Saving No: _____

Transit Routing No/ABA: _____ Signature of Card Holder: _____

Draft Dates are: Oct. 2, Nov. 1; Dec; 2, Jan. 1; Feb. 1

Note: Registration and payment are required before each month begins. Failure to make payments by payment due dates will result in automatic removal from the SWIM TEAM BYAC or SHARK PUPS. I have read, fully understand, and AGREE to the polices stated in this registration form:

Parent/ Guardian Signature

Date

Waiver/ Consent:

I hereby consent for my child or ward, named on the above registration, to participate in YMCA group lessons, pre swim team or the BYAC Tiger Shark swim team and agree to release the YMCA of Beaufort County, swim instructors, coaches, lifeguards and employees from any and all claims that may arise from any injuries or mishap suffered by my child or ward during swim instruction. Further, I authorize the YMCA of Beaufort County to provide emergency care for any illness or injury to my child or ward, deemed necessary by qualified medical personnel. I grant the YMCA and its employees the right to take photographs of my child during youth sports involvement. I also give consent for the release of photos and my child’s name as deemed necessary for publicity and marketing purposes. By signing below, I acknowledge the aforementioned agreement.

Parent/ Guardian Signature

Date

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