



# TEST THE WATER

with the Butler Barracuda Swim Team



**WHEN:** September 9 – September 27, 2019 for swimmers ages 9 and older  
September 30 – October 18, 2019 for swimmers ages 5-8  
Monday-Thursday(3 days a week, see schedule on website) times vary

**WHERE:** Butler High School or Butler Intermediate, depending on pool availability.  
The pool schedule will be listed in September on our website:  
<http://www.teamunify.com/Home.jsp?team=ambyac>

**COST:** \$40 for each child (Please make checks payable to the Butler YMCA)

**SUGGESTED EQUIPMENT:** Swimsuit/goggles/water bottle/towel/swim caps for girls

**WHY:** To allow swimmers to experience swimming competitively. Youth must be able to swim one length freestyle or backstroke unassisted.

Beginning **September 9 or September 30, 2019** (depending on ages) youth can swim with the YMCA Swim Team for a three-week trial period. During this period, you do NOT have to join the YMCA, NOR do you have to pay the regular program fee -- **only \$40 for each child.**

All children ages 5 and older (age as of December 1, 2019) are invited to participate in this program. YMCA team swimming is structured to permit your child to be as competitive as they choose to be, without pressure to compete at a level at which they would not be comfortable. Many of our swimmers swim for the enjoyment of it ... others compete at District, State & National Championships... but all of them benefit from being part of the Butler YMCA swim team.

If you decide to join the swim team in October, swimmers will need to join the YMCA and pay the program fee. A payment schedule can be arranged by contacting the YMCA. The swimming season runs from October through March. Five (5) mandatory swim meets are held on selected Saturday mornings between December and February. Practices are held five weeknights for one to two hours depending on the swimmer’s practice group. Swim practice attendance requirements vary by group, ranging from 2 to 4 practices per week. Practice groups are determined by the coaches at the end of the program. There will be a parent orientation meeting scheduled during this program. The meeting date will be announced the first week. Parents with swimmers interested in joining swim team need to attend this meeting to gain an understanding of this program.

**To “Test the Water”, register and submit this application at the Butler YMCA, along with an Emergency Contact Form for each child participating (see reverse).**

**CALL 724-287-4733 x138 for more information.**

## BUTLER BARRACUDAS “TEST THE WATER” APPLICATION

NAME OF SWIMMER \_\_\_\_\_ GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE (as of 12/1/19) \_\_\_\_\_

\_\_\_\_\_  
 NAMES OF PARENTS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

**BUTLER YMCA • 339 North Washington Street • Butler, PA 16001**  
P 724 287 4733 X138 • [www.bcfymca.org](http://www.bcfymca.org)



# YMCA SWIM TEAM – EMERGENCY CONTACT FORM

Swimmer's Name (please print) \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Father's Name/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### Emergency Contact Person(s)

(1) Name: \_\_\_\_\_ Phone # when child is in care: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone # when child is in care: \_\_\_\_\_

Name of Child's Physician/Medical Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance Coverage for child: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Special Disabilities (if any): \_\_\_\_\_

Allergies (including medication reaction) \_\_\_\_\_

Medical or Dietary information necessary in an emergency situation: \_\_\_\_\_

Medication, special conditions: \_\_\_\_\_

Additional information on special needs of child: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_