



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

50 MILE SWIM CLUB

Club Info

- 6 months to swim 50 Miles—Swim Challenge!
- January 1st—June 31st and July 1st—December 31st
- All Ages Welcome!
- Keep track of the mileage you swim in the 50-mile Swim Sheet located on the pool deck. A Lifeguard will help you.
- All swim styles and techniques welcome! Technique is not a priority in this club, just the distance!
- Once you achieve your goal, you will receive a 50 mile swim club shirt and swim cap!
- Registration will end every year on October 31st.



How many laps is a mile?

Length = One end of the pool to the other (25 yards)

Lap = Down & back (50 yards)

1 mile = 1,760yards = 70.4 lengths or 35.2 laps

Fee:

\$16 for Members ONLY

PARTICIPANT NAME: _____ GENDER: _____ AGE: _____

ADDRESS: _____

D.O.B: _____ CITY: _____ STATE/ZIP: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ CELL/WORK PHONE: _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____

HOME PHONE: _____ CELL/WORK PHONE: _____

T-SHIRT SIZE: _____

I WILL GIVE \$1 \$2 \$5 Other: _____ TO HELP A CHILD LEARN HOW TO SWIM.

Office Use Only: 19AQU Paid \$ _____ Staff initials: _____ Date: ____/____/____
 Donation code is 58 Initials _____ **CANNOT REGISTER AFTER OCTOBER 31st**



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Waiver Form

Please **INITIAL** or **ANSWER** all lines to indicate received written policies/materials and agree to terms with **SIGNATURE** below:

_____ **Waiver for Medical Treatment (REQUIRED):** In the event that I require emergency treatment and my emergency contact cannot be reached, I hereby authorize the Y to make arrangements to transport me to the nearest hospital emergency facility. I give my consent for any and all necessary medical treatment, if in fact, I require the attention of a physician.

_____ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and I hereby assume responsibility for all risks and hazards to me in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my use of the facilities or participation in the Y program.

_____ **Waiver for Photo/Video/Audio Release (YES or NO)** give my consent for any photos, video, and/or audio taken of me involved in Y programs to be used for Y promotions, trainings, and/or displays.

_____ **Change/Cancellation/Refund Policy (REQUIRED):** I understand that changes/cancellations/refunds are not permitted within the Aquatics Department unless a physicians note is submitted stating the inability to complete the class. A program cancellation form must be completed at the Member Services Desk and are at the discretion of the Aquatics Director.

By signing below, I agree that I have read and understand all of the above information as it relates to Twin Lakes Family YMCA aquatics programs.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____