



Tex's Waves Swim Team

Please choose one from the following practice options.

White Team 4:30pm – 5:30pm

- One Day a Week (\$40/ Month)** **Two Days a Week (\$55)**

- Developmental Team

Pre-Competitive (TAAF)

Partially Competitive (USAS or TAAF)

- Blue Team** (Two Days a Week)

5:30pm – 7pm (\$65 a month)

USAS Registered

Competitive

- Gold Team** (Four Days a Week)

5:30pm – 7pm (\$100 a month)

USAS Registered

Very Competitive

- Option to schedule 2 private sessions a month with Coach Cole

Need a ride from school? Ask about Swim Club!

Not sure which team to choose? Try a practice on us and Coach Jim can help lead you in the right direction.

Any questions, feel free to contact Coach Cole at (512) 756-6180 or

jcole@ymcagwc.org

* Team Placement is ultimately decided by Coach Cole

* TAAF and USAS Registrations will be purchased by the swimmer



PARTICIPANT 1 NAME: _____ GENDER: _____ AGE: _____

PARTICIPANT 2 NAME: _____ GENDER: _____ AGE: _____

ADDRESS: _____

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

HOME PHONE: _____ CELL / WORK PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

MEDICAL CONCERNS (please list any special conditions or limitation your child may have as well as any food, medicine or plant allergies, previous or existing illness, medications, hospitalizations, or medical requirements within the past 12 months):

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

_____ ADA Policy (REQUIRED): I have the obligation to disclose significant, medical, physical or behavioral issues at the time of my enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any person except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other participants.

_____ Waiver for Medical Treatment (REQUIRED): In the event that I require emergency treatment, I hereby authorize the Y to make arrangements to transport me to the nearest hospital emergency facility. I also 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 myself 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 (REQUIRED): I 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 physician's note is submitted stating the inability to complete the class. A program cancellation form must be completed at the Member Services Desk. Year-Round Session cancellations must be submitted within 14 days prior to the first of the month in order to stop the draft; otherwise, you will not receive credit for the following month. Classes cancelled due to inclement weather will not be rescheduled.

_____ Additional Notes (REQUIRED): All fees charged are given to the annual campaign to serve children and families.

By signing below, I agree that I have read and understand all of the above information as it relates to Y programs.

Participant/Parent/Guardian Signature: _____ Date: _____