

# 2022 BAY WINTER SWIM TEAM REGISTRATION



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## REGISTRATION NIGHT:

**August 23<sup>rd</sup>**

**6pm – 7:30pm**

**@BLOOMSBURG AREA YMCA**

FOR MORE INFO, VISIT:

<https://bloomsburg.org/swim-team/>

## Participation Fees by Level:

**Black: \$350**

**White: \$290**

**Red: \$235**

\*Descriptions on rear

### \*Mandatory Parents Meeting:

**Tues. Sept. 6<sup>th</sup> @6pm – Bloomsburg Town Park**

**Sept. 7–23 BLACK: 3:45pm – 5:45pm (M–F)**

**Practice WHITE: 3:45pm – 5:15pm (M–F)**

**Times: RED: 4:30pm – 5:30pm (M–F)**

For inquiries: [Swimteam@bloomsburg.org](mailto:Swimteam@bloomsburg.org)  
Membership is REQUIRED for all participants.

# 2022 BAY FALL SWIM TEAM

## SKILL-LEVEL CLASSIFICATIONS

---

**BLACK** – Advanced swimmers who are working on achieving senior-level qualifying times, including YMCA PA District Qualifying times for the 15 and over age group, as well as qualifying for the YMCA PA State and YMCA National Championship meets, USA Swimming Senior Championships, Futures Championships, and Junior Nationals. High-level training techniques will be used, including a variety of equipment, dryland practices, and 2-a-days. Emphasis on fine-tuning ability and technique to develop performance abilities under a variety of circumstances. Due to the often high intensity of this group, swimmers will be expected to maintain positive attitudes and work ethic and will serve as models for in-pool and out-of-pool behavior.

- **Requirements:** Times in at least 3 events that are equal to or faster than the YMCA PA District Qualifying times for the 13-14 age group, OR 1 time for the 13-14 age group AND 5 times for the 11-12 age group, ability to complete 8x100s freestyle in at least 1:35 without stopping, and shown readiness for advancement.

**WHITE** – Intermediate-level swimmers beginning to work towards achieving YMCA PA District Qualifying times for the 11-12 age group, and/or USA Swimming BB motivational times for the 13-14 age group. Increased expectation on stroke efficiency, speed, and endurance working towards being able to compete in 100s of strokes, as well as the 200 IM and 500 freestyle.

- **Requirements:** Times in at least 3 events that are equal to or faster than the YMCA PA District Qualifying times for the 10 and under age group, ability to complete 5x100s freestyle in at least 2:00 without stopping, as well as shown readiness for advancement.

**RED** – New/early developmental swimmers, with the goal of being able to legally complete all 4 strokes, swim up to 100 yards without stopping, and execute legal flip turns and starts.

- **Requirements:** Able to swim at least 1 lap of freestyle (front crawl) or backstroke without stopping.

## BAY FALL SWIM TEAM REGISTRATION 2022



### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

\_\_\_\_\_ I hereby certify that I or any persons in my household have not been convicted of any child related offenses.

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_ Age as of 12/1/2022: \_\_\_\_\_

Swimming Level: Black \_\_\_\_\_ White \_\_\_\_\_ Red \_\_\_\_\_

Shirt Size: ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL

Physical/medical concerns and/or learning disabilities:

\_\_\_\_\_

**Payment Policy:** All fees associated with this program are due in full regardless of date participation starts. NO REFUNDS AVAILABLE.

### Waiver of Responsibilities

In consideration of this entry to the Bloomsburg Area YMCA (referred to as YMCA) program listed above, I waive all claims for myself and for the participant(s) listed above for any injuries or illness which may result from participation, including any transportation provided by the YMCA, its staff or agents. I further state that I (and/or the above participant(s)) am in proper physical condition to participate in this program. In the event that there is a question regarding my physical condition or the physical condition of the participant(s), a physician will be consulted to review the situation prior to any participation. I also give my permission to the YMCA to use my name and/or picture (including the participant(s)) without compensation.

\*A \$20 fee will be assessed for any check or credit card payment made to Bloomsburg YMCA that is returned.\*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

**Consent & License.** For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making reproduction, editing, broadcasting or rebroadcasting of:

Video film or footage of me,

Sound track recordings of me,

Photo reproductions of me,

Any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

All works shall belong to YMCA of the USA;

The Y has no duty of confidentiality regarding any licensed uses;

YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;

The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

**Release from Liability.** I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses or the shared uses of any works or materials referenced herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Age: \_\_\_\_\_

I am the parent or legal guardian of (child's name). I hereby **CONSENT** and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_

—  
Please sign here if you **DO NOT CONSENT** to the aforementioned photo/audio visual/narrative release on behalf of the child you are the parent or legal guardian of.

Name of child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Age of Child: \_\_\_\_\_

### YMCA OF THE USA

101 N Wacker Drive, Chicago IL 60606

P 800 872 9622 F 312 977 9063 ymca.net