

# Y SWIM TEAM™

We build strong kids, strong families, strong communities.

## DEKALB DOLPHIN SWIM TEAM PHILOSOPHY

Every swimmer on the DeKalb County YMCA Swim Team is a champion. Swimmers celebrate the goals and mission of the YMCA through teamwork and sportsmanship. Emphasis is on having fun and doing one's personal best.

The DeKalb Dolphins welcome anyone who is interested in competitive swimming at any level. Everyone is a winner on the Dolphins team.

## YMCA of DEKALB COUNTY MISSION

The mission of the YMCA of DeKalb County, Inc. is to enhance the quality of life spiritually, intellectually and physically incorporating Christian teachings.

## FEES

**ALL SWIMMERS MUST HAVE A  
CURRENT YMCA MEMBERSHIP.**

**TEAM FEES:  
\$35.00 PER MONTH (5 MONTHS)  
\$150.00 FOR ENTIRE SEASON IF PAID  
AT TIME OF REGISTRATION.**

For more information or  
questions, please call:  
925-9622



## STROKE EVALUATION

The DeKalb Dolphins are a competitive swim team that offers a quality swim experience. Through stroke evaluation on a regular basis, our coaches offer personal corrective instruction throughout the swim season. To help your child with achieve personal goals.



## COMPETITION SCHEDULE

October—March

The DeKalb Dolphin swim team participates in weekend dual meets and invitationals monthly throughout the swim season at various YMCA's in northern Indiana and Michigan. A detailed schedule will be provided. All parents are expected to volunteer at all home meets.

Home meets are held at the North St. YMCA. The season ends with the opportunity for the swimmers to compete in the YMCA state meet in March.

## TEAM PRACTICE

Consistent practice attendance is encouraged, although it is not required to be at every practice.

Practices are held Monday, Tuesday, Thursday and Friday 5:30 -7:00pm at the North street YMCA. (depending on child's level)

**YMCA of DeKalb County, Inc.**  
**Swim Team 2009-2010**



**Child and Family Information:**

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Child's address: \_\_\_\_\_  
 Child's phone: \_\_\_\_\_  
 Medical restrictions or conditions: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Other comments about your child: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Emergency Phone Numbers**

_____	_____	_____
(Name)	(Phone and/or cell #)	(Relationship to child)
_____		
_____	_____	_____
(Name)	(Phone and/or cell #)	(Relationship to child)

**Participant Waiver and Medical Release**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of DeKalb County for any non-profit purpose, including, but not limited to observation or use of facilities of equipment, or participation in any off-site program affiliated with or personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA of DeKalb County for observation or use of any facilities or equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA of DeKalb County FOR ANY NON-PROFIT PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA of DeKalb County, OR USE OF FACILITIES AND EQUIPMENT MANAGED BY THE YMCA of DeKalb County, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, HOLD HARMLESS AND RELEASE the YMCA of DeKalb County, its employees and agents from any loss, liability, damages, all claims, causes of action, suits, cost and expenses, may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA. Further, the undersigned assumes full responsibility for and risk of bodily injury, death, or property damage incurred by the undersigned using and facilities or equipment of the YMCA of DeKalb County or managed by the YMCA of DeKalb County THE UNDERSIGNED further agrees that the foregoing INDEMNITY AGREEMENT and GUEST RELEASE is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE IMDEMNITY AGREEMENT and GUEST RELEASE, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_  
 Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Release and Pick Up Information**

Please list the names and phone numbers of the persons who may pick up your child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_

(Office use only) Registration Fee Paid (date) \_\_\_\_\_ Cash / Check / Card  
 (please circle) Full payment or monthly Initials of staff \_\_\_\_\_

