



Bolivar Barracudas Swim Team

1710 W. Broadway Bolivar, Mo. 65613 417-777-1215 scheney@bolivar.mo.us

Prerequisites:

Bolivar Barracudas Swim Team is a youth semi-competitive team for ages 6-18 years old. Swimmers ages 6-10, **must** be able to swim the freestyle stroke, unassisted, non stop for 25 meters. Ages 11-18, **must** be able to swim the freestyle stroke, unassisted, non stop for 50 meters. The swimmer's age as of June 1st, will compete with that age group throughout the season. Participants who are not able to meet these requirements are encouraged to take swimming lessons. Level 4 of our swim lessons, specifically prepares individuals for Swim Team. See front desk for more details.

Materials Required:

Team suits, swim caps, and goggles will be available for purchase during the informational meeting. You can purchase your own materials but they **must** meet these requirements; a one piece swim suit (girls) or a jammer/speedo (boys) colors should be either a black, blue, or silver/gray. Suit, swim cap, and goggles are required at all practices and swim meets. We encourage each participant to bring their own towels and water bottles to practices and meets.

Informational Meeting:

Participants will meet at Bolivar Aqua Zone. This will be a great time to get registered, ask questions, and meet the coaches. The coaches will be going over important details regarding practices, meets, and taking orders for team uniforms. Date and time TBA.

Practice & Meets:

Practices will be every Monday, Tuesday, Wednesday, and Thursday from 6:00pm to 7:00pm, excluding any holidays, and meet days. Please see the coach for a schedule. Meet date/times TBA.

Drop/Refund Policy:

Registration deadline will be determined by the coach. **No refunds** will be given after the first week of practice. If the participant decides to drop, it **must** be announced to the coach by the first Thursday of practice. **No refunds** will be given for entry fees, even if the participant cannot attend the meet.

Participant's Name:

Birthdate:

Address:

Parent/Guardian's Name:

Phone:

Email Address:

Emergency Contact:

Phone:

In case of emergency, I hereby authorize the treatment of myself or my child by Emergency Personnel.

Hospital Preference:

Please read this form carefully and be aware that in registering yourself or your minor child for participation in the program, you will be waiving and releasing all claims for injuries you or your child might sustain arising out of the program. I recognize and acknowledge that there are certain risks of physical injury to participants in this program and I agree to assume the full risk of any such injuries, damages or loss regardless of severity. I hereby hold the City of Bolivar and all its employees harmless for any injury, damages or loss resulting in my or my child's participation in any aquatic activity.

Parent/Guardian's Signature:

Date:

Staff Initials:

Amount Paid:

Payment Type:

Date:

