



Bedford Area Family YMCA

1111 Turnpike Road

Bedford, VA 24523

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P 540-586-3483

www.bedfordymca.org

@bedfordbarracudas



BARRACUDA

SWIM TEAM



Bedford Branch
1111 Turnpike Rd.
P.O. Box 1026
Bedford, VA 24523
(P) 540 586 3483
(E) contact@bedfordymca.org
www.bedfordymca.org



@bedfordymca



@bedford.ymca

The season starts in May!!

Welcome to the Barracudas Swim Team! Swim team is a great time for all swimmers to work on **stroke technique** and develop a love for swimming.

Focus for Team Swim:

We will spend much of the season talking about good nutrition and learning what our bodies need in order to become healthy adults and elite athletes. We strive for each child to be able to build a healthy foundation where they feel strong and confident.

We will also break down each stroke and work on proper technique and good form so that each swimmer can get the most efficiency from the strokes. This is the foundation of swimming. Our goal is not to be the FASTEST, but the MOST EFFICIENT in the water.

ALL parents will be asked to volunteer at ALL swim meets

Please check your email regularly; this is the main form of communication between coaches and parents.

** Membership:

- Youth Memberships are \$21 per month
- No Joiner's Fee
- 30-Day notice to cancel

Cost of being a Barracuda

****All Barracudas must be Bedford YMCA members****

The swim team cost is:

- Barracudas only \$60 per month May-July. / \$130 paid in full season
- Bedford County High School Swim Team \$50 per month / \$100 paid in full season
- Practice ONLY \$30 per month / \$70 paid in full season
- Sibling discount is \$10 off per month, no discounts on the paid in full price.

Practice Schedule For Summer Swim:

May 13th

Monday-Thursday
5:30pm-6:30pm

May 28th

Monday-Thursday
8a-9a OR 5:30p-6:30p

Once meets start Monday will only have AM practice

Meet Schedule For Summer:

Monday evenings -- starting in June

For any questions, please email
Coach SJ Boone at
barracudas.bay@gmail.com

SWIMMER INFORMATION circle one

H.S Swimmer

Barracuda

Practice only

Swimmer's Name:

Date of Birth: ____/____/____ Age: ____

Address: _____

Guardian's Name:

Guardian's E-mail address:

Emergency phone numbers:

I understand the requirements & policies; & this registration is made with the understanding that the Bedford YMCA, its directors, staff, & volunteers are not responsible for any sickness or injury sustained while attending swim team practice and/or meets.

Guardian Signature

Date