

- Swim practice runs from 5:30 pm until 8:00 pm, with specific times varying between age groups, Monday through Friday. We encourage swimmers to attend as many practices as they can.

- Meets are on Saturdays, usually starting at 9:00am
- There are usually 4 home meets and 4 away meets
- Away meets are held at various locations, including DuBois, Clarion, State College, Clearfield, and Brookville (these locations vary year-to-year)

Do you need to know how to swim?

If you can swim the length of the pool without assistance, put your face in the water, and float/tread water, we'll teach you the rest! Unfortunately we can't teach you how to swim from scratch, but if you know the basics, we can teach you how to swim like a pro!

When is registration?

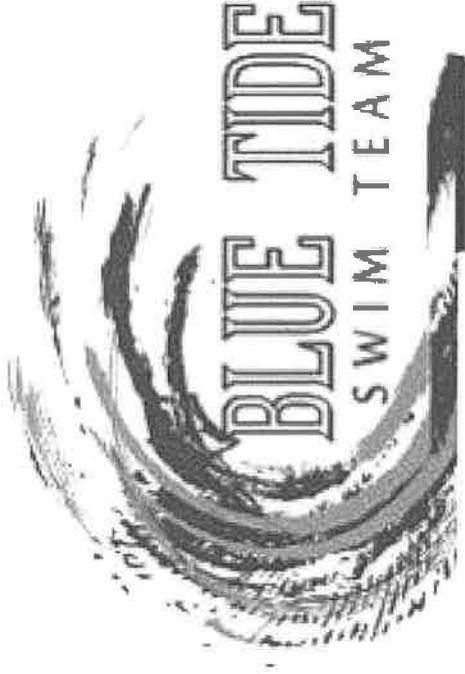
Swimmer Registration will be October 3rd through October 7th. Forms and covid release can be handed in during the first week of swim practice. Registration fee is \$200.00 each for the first 2 swimmers and \$100.00 for each swimmer after that.

Parent/Swimmer meeting will be held on Monday, Oct. 3rd, at St. Marys Area High School Pool @ 5:30 pm. Official practice will begin on Tuesday, Oct. 4th.

Have some other questions?

Email us or visit our website:

Kevin Lanzel (Booster President) – klanzel@stmaryscarbon.com
 Liz Thorwart (Head Coach) – ridgwaymcaswimteam@gmail.com
 Katie Lanzel (Head Coach)- ridgwaymcaswimteam@gmail.com
 Website: www.bluetideswimteam.com



Looking for something to stay active this winter?
 Want to learn some valuable life skills?

Come and check out the Blue Tide Swim Team!

Who are we?

We're the Ridgway YMCA Swim Team, with swimmers from around the area, including (but not limited to) Ridgway, Saint Marys, Johnsonburg, Kersey, Emporium, Bennetts Valley, and Kane.

What do we do?

We compete with other area swim teams in officially-sanctioned meets both at home (the Saint Marys Area High School Pool/Natorium) and away.

When does it start?

We will have a new swimmer evaluation from 4:30-6:00 September 26th and September 27th. Come check us out!

Some Details

- We practice and have our home swim meets at the Saint Marys Area High School Pool
- The regular season runs from October through February

Ridgway YMCA - Blue Tide Swim Team – October 2022 - April 2023
WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of participation in the **Ridgway YMCA Blue Tide Swim Team** athletic program, and related events and activities, I the undersigned (for minor participants) acknowledge, appreciate, and agree that:

1. Participation includes possible exposure to, and illness from, infectious diseases, including but not limited to, MRSA, influenza, and **COVID-19**. With particular rules and safety guidelines being implemented by The Cen-Key League (as outlined by National YMCA, the CDC, and the state of PA), while engaged in our athletic program, coupled with personal discipline, may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I may remove myself from participation and bring such to the attention of the nearest team representative immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **Ridgway YMCA Blue Tide Swim Team**, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE YIELDED SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward, including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I, for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian for the minor participant: _____

Parent guardian/signature: _____

Parent guardian/signature: _____

Date signed: _____

Blue Tide Swim Team 2022-2023

Paid in Full: _____ Check No: _____ Date: _____

Cash: _____

Swimmer Name: _____

Swimmer Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

We will be sending out text messages to this line

Primary Email Address: _____

this will be the email that announcements and communications are sent to.. please be sure it's the one that you check most often!

School Attending: _____ Grade: _____

Date of Birth: _____ Age as of 12/01/22: _____

Parent/Guardian Name: _____ Phone/Cell: _____

Parent/Guardian Name: _____ Phone/Cell: _____

Alternate Contact: _____ Phone/Cell: _____

Minor Photo / Video Release Form

I hereby give the Blue Tide Swim team permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the Blue Tide Swim Team with respect to copyright ownership and publication including and claim for compensation related to use of the materials.

Parent Signature: _____ Date: _____

I hereby give the Blue Tide Swim Team permission to publish video of my child, as it pertains to live streaming Swim Meets on the Ridgway YMCA Swim Team Facebook page. I release all claims against the Blue Tide Swim Team with respect to this publication.

Parent Signature: _____ Date: _____

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Blue Tide Swim Team

Medical Information

Please list any current medical problems/conditions:

Please list any medications currently being received:

Please list any known allergies:

Insurance Company: _____

Family Doctor: _____ Office Phone: _____

Authorization for Emergency Transportation and Treatment

I hereby authorize the school personnel to transport _____ to a physician's office and/or medical emergency room for treatment in the event that emergency medical care is needed while he/she is involved with the Blue Tide Swim Team. Further, I authorize the PHYSICIANS and HOSPITAL STAFF to treat the above listed as they deem necessary in the emergency situation.

Parent Signature: _____ Date: _____