



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Central Florida SYNCHRONIZED SWIMMING

Arranged into teams based on skill and age, the YCF Loreleis have athletes that range from international competitors to recreational team members. The team is made up of 4 sub groups; Intro, Novice, Intermediate, and Age Group, based on the swimmer’s skill level.

Intro to Synchro- YMCA Members: \$45/month Non Members: \$85/month

Novice- YMCA Members: \$60/month Non Members: \$125/month

Intermediate - \$75/month

12&Under Age Group - \$75/month

13-15 Age Group - \$100/month

16& Over Age Group/ Jr./Sr. - \$100/month

*Intermediate and above must be YMCA members. Novice and above must be registered with USA Synchro. (Practice times and meet schedules vary based on technical level of athlete)

Participant: _____ DOB: _____ Age: _____ Gender: M / F Member: Yes / No

Address: _____ City/St: _____ Zip: _____

Parent/Guardian: _____ Email: _____ Phone: _____

Parent/Guardian: _____ Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Level (circle one): Intro Novice Intermediate 12&UAG 13/15AG 16-19AG/Sr./Jr.

Waiver

I understand that the YMCA of Central Florida assumes no responsibility for injuries or illness which the participant may sustain as a result of his/her physical condition or resulting from his/her athletic activities, the aquatic program, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries and illnesses, which may result from my child’s participation in these activities. I hereby release and discharge the YMCA of Central Florida, its agents, servant and employees from any and all claims for injury, illness, death and loss or damage which the participant may suffer as a result of his/her participation in these activities. I understand that the YMCA of Central Florida is not responsible for personal property lost or stolen while a member and/or program participant on YMCA of Central Florida premises. I give my permission to the YMCA of Central Florida to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include a family’s image or voice, for the purpose of promoting or interpreting YMCA of Central Florida programs. All registrations are final, and no refunds will be given once the first class has begun.

Make-ups: We do not offer make-ups for illness or absences; we will only hold make-ups due to inclement weather or instructor unavailability. If your class is affected, you will receive notice by an aquatic staff member informing you of the make-up day and time. If you cannot attend that designated make-up there will not be another opportunity available.

Acceptance: I acknowledge the waiver set forth above, and being in sympathy with the Mission Statement of the YMCA of Central Florida, agree to sign this waiver.

Signature: _____ Date: _____

www.orlandosynchro.org



rgordon@cfymca.org



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