



Lawrence Family Jewish Community Center, JACOBS FAMILY CAMPUS
Qualcomm Sports, Fitness & Aquatics Complex

BE A PART OF IT!

JCC Barracuda Elite Team



The LFJCC Barracuda Elite Group exists to provide every member an opportunity to improve swimming skills and achieve success at their level of ability, from intermediate to national competitor. We operate on a high intensity coaching style, while maintaining a safe, personable and professional environment.

TEAM TRYOUTS All swimmers must be evaluated before joining the team. Evaluations will be held every Friday and the last Thursday of the month, 2:00–3:30 P.M. by appointment only.

PRACTICE TIMES Barracuda Elite Swim practices are held Monday–Thursday, 5:45–7:00 P.M., Wednesdays 1:30–2:30 P.M. and Sundays, 10:30–11:30 A.M. on a year round basis. Each swimmer must commit to three practice per week, although they're welcome to attend all six practices.

FRIEDENBERG OLYMPIC POOL BARRACUDA PRACTICE PRICE OPTIONS:

QUARTERLY PROGRAM FEES
Price: \$420; JCC Member Price: \$380

MONTHLY PROGRAM FEES
Price: \$120; JCC Member Price: \$110

Please complete and turn in to the Aquatics Office. Questions, contact Andrea Cosio at andrea@lfjcc.org or 858-362-1126.

Barracuda Elite Team

Please detach and return with payment to:

Lawrence Family Jewish Community Center, JACOBS FAMILY CAMPUS • 4126 Executive Drive • La Jolla, CA 92037-1348
Attention: Andrea Cosio • **Mail check payable to:** Lawrence Family JCC

WE APOLOGIZE IN ADVANCE, BUT WE HAVE A NO PRO-RATED PRICE AND NO REFUND POLICY. THANK YOU
EACH SWIMMER IS RESPONSIBLE FOR THEIR OWN MEET ENTRY FEES AND USA SWIMMING MEMBERSHIP CARD.
MONTHLY CLINICS ARE INCLUDED IN THE REGISTRATION COST.

**All fees are due at the beginning of the quarterly session.*

Date Registered: _____



PARENT'S INFORMATION

Mother's Name _____ Father's Name _____

Address _____ City/State/Zip _____

Home Phone _____ Cel. Phone _____ Work Phone _____

E-mail _____ JCC Member? Yes No

SWIMMER'S INFORMATION

Swimmer One _____ Age _____ DOB _____

Swimmer Two _____ Age _____ DOB _____

Wavier: Participation in any activity and use of any recreational facility involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Lawrence Family Jewish Community Center, JACOBS FAMILY CAMPUS, I/we as an individual or as a parent or guardian of the participants named herein, assume all risk and hazards incidental to the activity, and release from responsibility and agree to indemnify and hold harmless the JCC, it's officers, directors, independent contractors, volunteers and all employees for any illness or injury to me or my children or family members, occurring during his/her/our participation in any activity or use of a recreational facility at or conducted by the JCC.

Parent's Signature _____ Date _____

Emergency Contact _____ Phone _____

Payment Method: Check * VISA * MasterCard * Discover **Amount \$** _____ **Receipt #:** _____

Card # _____ Exp. Date _____ CCV Code: _____

Parent's Signature _____ Received By _____