



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2013 Barracuda Summer Swim Team



### Bedford Area Family YMCA

1111 Turnpike Road  
P.O. Box 1026  
Bedford, VA 24523

Phone: 540-586-3483  
Fax: 540-587-5310  
Email: [elizabeth@bedfordymca.org](mailto:elizabeth@bedfordymca.org)

---

### Bedford Area Family YMCA

Tel: 540-586-3483

## Barracuda Summer Swim Team



Welcome to the Barracudas Summer Swim Team!! Summer swim team is a great time for beginner swimmers to work on **stroke technique** and develop a love

for swimming.

Summer Swim is much different than winter season in that the season is shorter, practices are less intense, and swimmers participate in meets that are outdoors.

### 2013 Focus for Summer Swim

We will spend much of the summer 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.

### Cost of being a Barracuda

All Barracudas must be members of the Bedford Area Family YMCA.

The swim team cost for the summer is:

1st swimmer:	\$135.00
2nd swimmer:	\$125.00
3rd swimmer:	\$115.00

### Summer Coaches

**SJ Boone** has been employed by the Bedford YMCA for 3 years. He has swum for the Barracudas for the past 10 years, has swum for Liberty High School for the past 4 years, and competed in the VHSL State Meet the past 2 years. He helped coach the Barracudas 2012—2013 winter team. He teaches swim lessons and life-guards for the Y. He will go to Randolph Macon this fall on a swimming scholarship.

**Elizabeth Creasy** is the Aquatics Director and Summer League Coach. She has been the Aquatics Director for 12 years. She is in charge of the Barracudas and the communication with the parents and the other coaches within the Lynchburg Aquatic League. If there are any questions, please feel free to contact her at any time.

### Swimmer Information

Swimmer's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency phone Number: \_\_\_\_\_

**Please check your e-mail regularly; this is the main form of communication between coaches and parents**

**All parents will be asked to volunteer at swim meets.**

### Practice Schedule

**May 13th—August 2nd:**

**Monday through Thursday**

**First Time Swimmers: 4:00—5:00**

**Returning Swimmers: 4:00—5:30**

**Returning swimmers will also participate in a dryland program.**