

# Thad Terry Aquatics Club



SHOCKWAVES



## Practice Times:

**Monday - Friday 4-6pm**

(Practice times will be 4-5 or 5-6 or 4-6. Check with coaches for your child's specific practice time)

For competition dates, please see the monthly calendar or check out our **website at [www.thadterryaquatics.com](http://www.thadterryaquatics.com)**

## Our wonderful coaching staff:

Head Coach: Bruce Rock  
Assistant coach: Lori Earl  
Assistant coach: Irene Rodriguez  
Assistant coach: Chris Rodriguez  
Assistant coach: Brooke Adams  
Assistant coach: Mikaela Weigel

**For more questions please email  
Jodi Layton at [cjtirewheel@msn.com](mailto:cjtirewheel@msn.com)**

**Or call 744.6082**

## To Register you need:

- USA form filled out with Birth certificate attached
- \$58.00 check payable to TTAC Parent
- Committee for league fees, attached to USA form
- Monthly registration form attached to program membership form (if needed)
- Monthly dues paid to YMCA

***Note: you must have your USA form turned in before eligible to practice.***

## Monthly fees:

### Members:

1 child	\$42.00
2 children	\$37.00
3 or more	\$32.00

### Non Members:

\$20.00 annual program fee	
1 child	\$60.00
2 children	\$55.00
3 or more	\$50.00

NW YMCA Pima County  
Community Center  
7770 N Shannon Rd  
Tucson, AZ 85741  
[www.tucsonymca.org](http://www.tucsonymca.org)  
520.229.9001 Front desk  
520.229.9006 Pool Office



Month \_\_\_\_\_, Year \_\_\_\_\_

Aquatics Swim Team Registration form



We build strong kids, strong families, strong communities.

Name of participant \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Age \_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian (circle one) \_\_\_\_\_

Alternative Phone \_\_\_\_\_

In case of emergency notify \_\_\_\_\_

Emergency contact phone \_\_\_\_\_

I hereby certify that \_\_\_\_\_ is of normal health and is capable of participating in this activity. I understand that the children will be under direct supervision at all times and that I will not hold the YMCA responsible for accidents

Signature of Participant/Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

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**Financial assistance is available** for those who qualify. Please ask the cashier for more information.

**Please Note: We cannot register a participant without a payment.**

Amount Paid \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initial \_\_\_\_\_

**Donation for Changing Lives to help a child or family.**

\_\_\_\_\_ I would like to make a monetary donation. Please accept my donation in the amount of \_\_\_\_\_  
\_\_\_\_\_. Charge my credit card or bill me.

Staff Name

\_\_\_\_\_