



Join us in the 100 Mile Club

Swim - Count Your Laps - Report Laps to YMCA Staff

Looking for a way to stay motivated in your swim workout? Join the 100-Mile Swim Club!

Simply keep track of the laps you swim during each workout at the Y and record your yardage/mileage. When you reach 100 miles, you will receive a 100-mile Club T-shirt and recognition.

Challenge starts Sept. 1st and is ongoing through Aug. 31st, 2012.

How many laps is a mile? Length = One end of the pool to other (25 yards). Lap = Down and back (50 yards).

1 mile = 1,650 yards = Approximately 66 lengths or 33 laps

Goal = 100 miles = 165,000 yards or 3,300 laps!

How can you get to 100 miles? It's as easy as:

2 miles a week equals 100 miles in about 50 weeks.

3 miles a week equals 100 miles in about 33 weeks.

1 mile a day, 5 days a week, equals 100 miles in 20 weeks.

100 Mile Swim Club Registration Form

Name : _____ Date of Birth: ____/____/____

Street Address: _____ M _____ F _____

City/State/Zip Code: _____

Telephone: _____ E-Mail Address: _____

Medical Concerns: _____

WAIVER/RELEASE: The Baker County Family YMCA does not carry accident insurance on its members and participants, nor is it responsible for any thefts or losses of personal properties. On behalf of myself, my dependents and family, I understand that here are inherent risks involved in any and all activities that the YMCA offers, and I assume those risks, financial responsibilities and any losses and agree to waive, release, indemnify and hold harmless the YMCA and any and all staff, personnel, volunteers, sponsors and other businesses and organizations which may be associated with the YMCA and its programs from any and all claims, expenses, negligence, liabilities and actions which may arise as a result of participation in YMCA programs and activities. I will inform the appropriate YMCA personnel of any limitations I may have or incur which may limit my participation in YMCA activities and/or programs. In the case of a medical emergency, I authorize the YMCA staff, volunteers, and personnel to seek appropriate medical action and agree to assume all financial responsibility for the same both now and which may arise in the future. I further give permission to the YMCA to use photos of myself, my dependents and family for YMCA promotional purposes. I HAVE READ AND FULLY UNDERSTAND THE PRECEDING.

SIGNATURE DATE

Office Use Only: Staff Initials _____ Date _____ Received \$ _____