

# Aquatics

## Swim Club

Winter 2012

Session:

January 3–February 16(6 weeks)

**Has your child progressed beyond swimming lessons?  
Keep your child involved in a lifetime sport.**

The **Swim Club** will continue to refine your child's swimming skills. Our focus is preparing young swimmers for the Barracuda Swim Team or a lifetime of fitness in the pool. The Swim Club curriculum is designed by the Head Swim Team Coach to fine tune the four competitive strokes, improve endurance, and learn the racing start and turns.

**Ages:** 5–14

**Prerequisite:** successful completion of Stroke Development class or Level 6 American Red Cross lessons or coach's approval.

**Days/Times:** Tuesdays & Thursdays 5:30–6:15PM (participants should attend both days)



SPORTSPLEX

	Fees	Registration begins
<b>Sportsplex Members:</b>	\$115	Mon, Dec 12
<b>Non-members:</b>	\$150	Mon, Dec 19

### Registration Policies:

- Return completed registration form in person, by mail, or by fax.
- Full payment is required at the time of registration and is non-refundable.
- Non-member children will have access to the Sportsplex only during the time of the lesson and only to the main pool.

Please list any specific health problems, physical limitations, or allergies that may affect or interfere with the athlete's ability to participate in the full program.

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Please list names/numbers of people other than parents to contact in the event of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### RELEASE FORM

I, \_\_\_\_\_, understand that in all/any physical activity an element of risk is involved.

I give my child, \_\_\_\_\_ permission to participate in the Sportsplex SwimTeam Program.

I release Sportsplex, their employees and agents, from any and all liability for injury and loss which may occur during my child's participation in the Sportsplex Swim Team and Training Program.

In case of an emergency, I give permission to the Sportsplex Staff to take, or have my child transported to a hospital for treatment, including evaluation of injuries, x-rays and needed care.

Signature \_\_\_\_\_ Date \_\_\_\_\_