

Main Registration Information for Swim Team

Goals and Objectives:

*Teach and improve swimming competitive strokes.
Promote physical fitness.
Promote team spirit while developing a positive attitude.
Have Fun!*

This swim program begins on Thursday, May 3rd and will end in August. This year we will be participating in the T.A.A.F. Regional and State meets including USA competition meets for those more competitive swimmers. Team practice will vary depending on the swimmers abilities. *Children ages 4-17 years of age that can meet the expectations laid out below, are eligible to participate.* This is a recreational neighborhood summer swim team program and is Texas Amateur Athletic Foundation (T.A.A.F.) affiliated. Included is the opportunity for USA organized competition (Registration with USA Swimming is an additional cost to each swimmer.)

Swim Meets: To be announced

Volunteers Needed: Parent volunteers are needed for each swim meet to time events, score events, write ribbons, and judge strokes. Program costs are kept at a minimum with help from volunteers. Please support your swim team with time and energy to ensure a quality, affordable program.

Parents' Information Packet: A parent information packet, detailing rules and guidelines for the program will be available the first week of practice. Also included in the parent's information packet is the beginning schedule for swim meets.

Refund Policy

Refunds will only be given out if the City of Marble Falls Parks and Recreation, Aquatic Division cancels the class and an alternative can not be met. Once the class begins, NO REFUNDS will be available. Swimmers are allowed two weeks vacation at no cost when scheduled ahead of time.

Try-outs
Tuesday May, 1st 2012
Beginning at 4:00pm
(Will reschedule to Wednesday, May 2nd if needed
due to weather)

Team Divisions

Blue Tsunami: Beginner Swimmer
Must be able to swim a continuous 25 yards of
the pool (1 lap)

Yellow Tsunami: Intermediate Swimmer
Must be able to swim a continuous 75 yards of
the pool. (3 laps of the pool demonstrating good
swim techniques)

Red Tsunami: Advanced Swimmer
Must be able to swim a continuous 150 yards of
the pool (6 laps) demonstrating good swim
technique. Will also be required to swim 25
yards of breast, butterfly and backstroke)

**Swim Team Practice Begins Thursday,
May 3, 2012**

Season 2012 Days/Times:

Red Tsunami

Days and Times in May:

Monday, Tuesday, Thursday 4:00 – 5:30pm

Days and Times in June, July, and August

Monday Tuesday Thursday 10:00 – 11:30am

Yellow Tsunami

Days and Times in May:

Monday, Tuesday 4:00 – 5:00pm

Days and Times in June, July, and August:

Monday, Tuesday 10:00 – 11:00am

Blue Tsunami

Days and Times in May:

Monday, Thursday 4:00 – 4:30pm

Days and Times in June, July, and August:

Monday, Thursday 10:00 - 10:30am

Swim Team

Cost:

**Annual Membership Fee of \$120.00/family (includes,
Team Suits, and Meet Fees) Each additional Family**

member \$50.00 Membership Fee

Red Tsunami - \$60.00/mth instruction fee

Yellow Tsunami - \$50.00/ mth instruction fee

Blue Tsunami - \$40.00/ mth instruction fee

Medical Information & Parental Consent/Release

I, the minor's parent and/or legal guardian, understand the nature of the fitness activities related to swimming lessons/competitions, and the minor's experience and capabilities; and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO IDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees (Volunteers and Employees of The City of Marble Falls) from all liability, claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise including negligent rescue operations, and further agree that if, despite this release, I, the minor's parent and/or legal guardian, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cause any may incur as the result of any such claim.

I give the above listed Releasees permission to perform or authorize medical treatment for the minor child as needed. Included below is information about my child's medical history and emergency contacts.

I GIVE or DO NOT GIVE (circle choice) my child permission to go down the water slide and off the diving boards.

Pertinent Medical Information and emergency contact(s):

Emergency Contact Name _____

Emergency Contact Phone Number: _____

Physicians Name and Number: _____

Minor's Name: _____

Address: _____

City and State: _____

Home Phone Number: _____

Cell Phone Number: _____

Print Legal Guardian Name:

Legal Guardian Signature & Date:
