



90 Swanson Road, Boxborough, MA 01719 Phone: (978)-635-0500 www.swymfit.com

2017 SWORDFISH WINTER SWIM TEAMS

Tuesday, January 3 – Thursday, May 18

Visit our Swordfish Swim Team Website at: www.swymfit.com under the Swim Programs tab

Priority Registration for Fall 2016 Swimmers: December 6th-December 11th

Open Registration starts Tuesday, December 13th

Aqua Club	Junior Team	Senior Team
Level 4 and up (ages 6-12) Must be able to dive and comfortably swim: 50yds freestyle, 50yds backstroke, 25yds breaststroke, and 10yds butterfly	Level 5 and up (ages 8-14) Must be able to dive and comfortably swim: 100yds freestyle, 50yds backstroke, 50yds breaststroke, and 25yds butterfly	Level 5 and up (ages 12-18) Must have swim team experience. Must be able to do a racing start and comfortably swim 500 yards freestyle and a 200 IM.
Head Coach and (2-3) assistant coaches: max 25 swimmers	Head Coach and (2-3) assistant coaches: max 25 swimmers	Head Coach and (1-2) assistant coaches: max 25 swimmers
2 days per week/ 1hr practices (2hrs/week-36 practices) Tuesdays: 4-5pm Thursdays: 4-5pm	3 days per week/ 1hr practices (3hrs/week- 50 practices) Sundays: 3-4pm Tuesdays: 5-6pm Thursdays: 5-6pm	3 days per week/1.5hr practices (4.5hrs/week- 50 practices) Sundays: 4-5:30pm Tuesdays: 6-7:30pm Thursdays: 6-7:30pm
NO PRACTICE: 2/21, 2/23, 4/18, 4/20	NO PRACTICE: 1/15, 1/29, 2/19, 2/21, 2/23, 3/5, 4/16, 4/18, 4/20, 4/30	NO PRACTICE: 1/15, 1/29, 2/19, 2/21, 2/23, 3/5, 4/16, 4/18, 4/20, 4/30
SWIM MEETS: 1/7, 1/29, 3/4, 4/30	SWIM MEETS: 1/7, 1/29, 3/4, 4/30	SWIM MEETS: 1/7, 1/29, 3/4, 4/30
Included: Team caps, Swim Meets, MSSL dues	Included: Team caps, Swim Meets, MSSL dues	Included: Team caps, Swim Meets, MSSL dues
Member: \$432 Non-Member: \$452	Member: \$550 Non-Member: \$580	Member: \$650 Non-Member: \$680

For all new swimmers, there will be an Open House on Monday, January 2nd from 7:00-7:30pm.

If the Head Coach determines a *new* registered swimmer's skill set isn't at the appropriate level for our swim teams, a decision will be made on the first night of practice and a full refund will be given. If the coach feels any swimmer is not placed appropriately on a team, a switch will also be made immediately. Explain to your swimmer that lane assignments and order within each lane is determined the first week of practice *each season* and is adjusted accordingly during the season based on ability, speed, work ethic, and focus.

Please remember that being on a swim *team* is a commitment to steady improvement, which is both fun and rewarding but also a responsibility for the entire family. Make sure when signing up, that your swimmer is able make as many practices and meets as possible and is able to arrive ready to swim *ON TIME*.



2017 SWORDFISH WINTER SWIM TEAMS

Parent/Guardian: _____

Address: _____

Town: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Number: _____

Emergency Contact Name & Phone Number: _____

#1 Swimmer's Name: _____

Age: _____ DOB: _____ AC / JR TEAM / SR TEAM

2 Swimmer's Name: _____

Age: _____ DOB: _____ AC / JR TEAM / SR TEAM

Is your child new to our program? Yes No

Cancellation and Refund Policy: You may withdraw a registered swimmer (for a pro-rated refund to be determined by Aquatics Director), from the swim team until January 10, 2017 with a \$70.00 cancellation fee. There will be no cash refunds or club credits after January 10, 2017, unless a doctor's note is provided due to injury or illness. If a swimmer has registered and paid in full, but does not qualify for the teams, a full refund will be given after the first practice.

Liability Waiver: By signing below, I Parent/Guardian of the registered swimmer, recognize the inherent risks of swimming. These include, but are not limited to slipping on wet surfaces, cuts, scratches, broken bones and the potential for more serious injury up to drowning. I understand that physical activity creates a potential risk to the bones, joints, ligaments and muscles as well as the cardiovascular system. By signing below, I release liability from Swymfit, the Harvard Ridge Fitness Center, its employees, agents and entities thereof any direct or consequential injuries that may result from participating in the swimming program or being present on the premises. I also agree to enforce standard pool safety rules while my child is going to and from the swimming pool and while using the locker rooms. I also agree to take sole responsibility for siblings, friends or other guests who accompany my child to class. Pool safety rules are posted in the pool area and are additionally available on request. We do not have a lifeguard on duty. I understand that it is my responsibility to watch my children, siblings, friends and other guests at all times.

Photographs: I understand that photographs may be taken of Swordfish Team members at practices and/or swim meets by coaches, administrators, or parents, which may be posted on our website, in our team newsletter, or in club program advertising.

By signing below, I Parent/Guardian of the registered swimmer(s) confirm that I have read and understood both the cancellation policy and the liability waiver.

Parent/Guardian Signature: _____ Date: _____

-----**STAFF USE ONLY**-----

Staff Initials: _____ Payment Date: _____ (Mem / Non-Mem) Total Payment: _____

Payment Type: Credit Card / Check# _____ / Cash