



FULTON FINS SWIM TEAM

Ages: 5 – 18 *Children MUST be 5 years of age by June 1st AND be able to swim the width of the City swimming pool.

Registration Fee: \$75 for the first child in a family, \$70 for the second child, & \$65 for each additional child.

Coaches: Sara McDaniel & Agnes Hatcher

Registration Deadline - May 16th

PRACTICE SESSIONS: First Practice: May 28th

The Following are Class Divisions and Times:

Sign-up for the class you were in last year.

___ **SHARKS (A), 8:30– 9:30 AM:** Swimmers must know all 4 competitive strokes, flip turns and competitive diving starts. Swimmers swim up to 500 meters at one time.

___ **MINNOWS (B), 9:30–10:00 AM:** Swimmers must be able to swim the width of the pool freestyle. Class instruction includes freestyle and backstroke technique and endurance. Technique of fly and breast may be introduced.

___ **DOLPHINS (AB), 10:00–10:45 AM:** Swimmers must be able to swim 50 meters of both backstroke and freestyle. Class instruction includes free and back endurance, techniques of butterfly, and breaststroke.

___ **BARRACUDAS (I), 10:45–11:30 AM:** Swimmers must know all 4 competitive strokes and have proper technique. Class instruction includes flip turns and dives. Swimmers swim up to 200 meters at one time.

Classes will be held Monday-Friday with an off day after meets.

NAME: _____ DATE OF BIRTH: _____

Address: _____ Age (as of June 1st) : _____

Did you participate last year ? _____ Male _____ Female _____

Shirt Size: _____ YS YM YL AS AM AL AXL AXXL

Parents/Guardian: _____

Home phone: _____ Day phone: _____ E-Mail: _____

Emergency Contact: (other than parent) _____ Phone: _____

LIABILITY WAIVER

As a parent/guardian, I assume all risk associated with this sports participation and the participant and I agree to hold the City of Fulton, the Parks and Recreation Department and its employees, agents, representatives coaches and volunteers harmless from any and all liability actions, causes of actions, debts, claims or demands of any kind and nature whatsoever which may arise by the participation in this program under the direction of the Parks and Recreation Department and/or the City of Fulton. The terms hereon shall serve as a release as well as an assumption of risk by the participant, the parents or legal guardians, all heirs, all family, estate, executor, administrator and all assignees, if any.

Parent/Guardian: _____ Date: _____

***** For Office Use Only *****

Amount Paid: \$ _____

Date: _____

Staff: _____