

ates 2017 SUMMER SWIM TEAM

The PARDS Pirates Summer Swim Team is a 9 week program that is designed to introduce kids to team competition, while learning and developing proper stroke technique. This is an opportunity for your kids to have fun and learn everything there is to know about competitive swimming!

IMPORTANT INFO:

- Ages 5-18
- During the last 2 weeks of school, we will be practicing 2 days a week
- On your swimmer's Registration Form, please make sure you write your email address! We will be sending emails as soon as we put you in the system!

PARENTS MEETING:

Thursday, May 4th @ 7:30PM @ PARDS Indoor Pool

*I HIGHLY suggest EVERYONE attend!

PRACTICE SCHEDULE:

- Saturday, May 6th-STROKE CLINIC:
- *This will give us the opportunity to evaluate and give us an idea of the technique of each swimmer!
 - # & up @ 9:30-10:30 AM
 - o 10 & under @ 10:30-11:30 AM
- May 8th-23rd:
 - O II & OVER: Mondays & Wednesdays
 - o 10 & UNDER: Tuesdays & Thursdays
 - 6:45PM-7:45PM (BOTH)
- May 25th until City Meet:
 - o **II & OVER:** Monday-Thursday
 - 7:30-8:30 AM
 - o 10 & UNDER: Monday-Thursday
 - 8:30-9:30 AM
 - o ALL AGE GROUPS : Fridays
 - 9am-10am.

PROGRAM COSTS:

- Member Fee:
- \$135
- Non-member Fee:
- \$200
- TAQ Swimmer:
- \$95
- *Your swimmer's Fee covers: Swimsuit, Cap, T-shirt, Insurance, Meet Fees, etc.

CONTACT INFO:

- Courteney Stevens, Aquatics Director
 - o pardscfs@yahoo.com
- Tara Termini, Head Coach
 - o taratermini@yahoo.com

MEET DATES:

- Thursday, June 1st @ 4PM
 - o @ TBA
- Thursday, June 8th @ 4PM
 - a TBA
- Thursday, June 15th @ 4PM
 - a TBA
- Thursday, June 22nd @ 4PM
 - a TBA
- CTTY MFFT
 - o Dates & Times: TBA

2017 PARDS SWIM TEAM Athlete Registration Form

LAST:	FIRST:	· · · · · · · · · · · · · · · · · · ·
Nickname or Preferred Name: _		
DATE OF BIRTH:	AGE: GENDER: M /	F
T-Shirt Size: Swir	m Suit Size: (Size chart o	on back)
Attends PARDS Summer Camp:		
Athlete's Parents/Guard	ian <u>INFO:</u>	
LAST:	FIRST:	
Contac	ct Number:	
EMAIL	:	
LAST:	FIRST:	
Contac	ct Number:	
EMAIL	.i	
Mailing Address:		
Street:		
City:	State: 2	Zip:
Emergency Contact INFO	<u>):</u>	
NAME:		
Relationship:		
Contact #:		
In case of an emergency, I authorize PARDS Fitr Fitness & Aquat	ness & Aquatics Center STAFF to administer first aid to the ics Center liable if my child is injured while participating	e swimmer named above. I agree not to hold PARDS ; in swim activities.
Parent Signature:		DATE:
*NSF Fee of \$25.00 will be o	charged for ALL returned checks.	Initials:
	Office Use ONLY:	
Paid By:		Amount:
Check #:	CC: Ini	itials:

DOLFIN SWIMSUIT SIZING CHART:

Men's Swimsuits

Suit Size	22	24	26	28	30	32	34	36	38	40	42	44
Men's Short	-		34	s	S	м	М	L	L	XL	XXL	XXX
Waist	22	24	26	28	30	32	34	36	38	40	42	44
Boy's Short	YS	YM	YL	*	7	*		*			-	*
Men's	20/22		24/26		28/30		32/34		36/38			
Winners Jammers	xxs		xs		s	12	м		L		35	250

Women's Swimsuits

Suit Size	22	24	26	28	30	32	34	36	38	40	42	44
Women's Dress	-				3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18
Girl's Dress	3-4	5-6	7-8	9-10	11-12				-	-	-	
Bust Size	22	24	26	28	30	32	34	36	38	40	42	44