

PARDS PIRATES SUMMER SWIM TEAM (SUMMER 2014)

The PARDS Pirates Summer Swim Team is a 6 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 to 18
- During the last 2 weeks of school, we will be practicing 3 days a week.
- On your swimmer's Registration sheet, please make sure you write your e-mail address, because that is the best form of communication! We will be sending emails as soon as we put you into the system!
- **PARENT'S Meeting:** May 12th, 2014 @ 7:30PM @ PARDS on the Observation Deck in the Pool.
 - o I highly suggest EVERYONE attend this meeting.

Practice Times & Groups:

- May 19th-28th
 - ALL SWIMMERS
 - Monday/Wednesday/Fridays: 6:45-7:45PM
- May 29th-June 27th
 - o 11 and OVER swimmers
 - Monday-Friday
 - 7:30AM-8:30AM
 - 10 and UNDER swimmers
 - Monday-Friday
 - 8:30AM-9:30AM

Meet Dates: (Times and Locations: TBA)

- Thursday, June 5th
- Thursday, June 12th
- Thursday, June 19th
- City Meet: June 22nd,27th,28th,29th
 - o Different age groups per day

Program Costs:

Member Fee: \$135

Non-member Fee: \$200

TAQ Swimmers: \$65

DEADLINE to Register your Swimmer:

FRIDAY, MAY 16th, 2014

*Your Swimmer's Fee covers: Swimsuit, Cap, T-shirt, Insurance, Meet Fees, Medal, & End of the Year Party.

**There will be a \$25.00 NSF Charge on all returned checks.

***Please write check out to PARDS or you may use a Debit/Credit Card, NO CASH.

If you have any questions, please contact Courteney Stevens @ pardscfs@yahoo.com

or Tara Termini @ tara@swimtag.com

PARDS Athlete Registration Form: Summer Swim Team 2014 First: Last: Nickname or Preferred Name: Date of Birth: Gender: M/FAge: (Size Chart T-Shirt Size: Swim Suit Size: on back) **Athlete's Parents/Guardian:** *If you have more than one athlete on the team, you only have to fill this section out once. Last: First: Last: First: **Contact Numbers:** Work Phone: Cell Phone: **Mailing Address:** Street City State Zip **E-mail Address: Emergency Contact Info:** Name: Relationship: Contact #: Office Use ONLY: Paid By: Date: **Credit Card: Amount Paid:** Check #: