



PELICANS SUMMER SWIM TEAM



Register Sunday, May 6th

Swimmer must be able to swim 3/4 of the length of the pool.

The Pelicans, our Summer Swim Team, is designed for diverse ability and motivational levels to give each individual a unique swimming experience. This program offers detailed stroke instruction, with a focus on improvement and enjoying the sport of swimming. The Pelicans will attend competitive meets against local recreational teams.

For more information call the Swim Department 985.626.3706 ext. 104 or email swim@thepac.com

PRACTICE TIMES

May 14- 23
MONDAY, WEDNESDAY, FRIDAY

6:00pm-6:45pm (8 & under)
6:45pm-7:30pm (9 & over)

May 24-July 13
MONDAY- FRIDAY

9:15am-10:15am (8 & under)
10:15am - 11:15am (9 & over)

Night Practice
MONDAY- THURSDAY

6:30pm - 7:30pm

PELICANS SUMMER SWIM TEAM REGISTRATION FORM

Please fill out your children's names oldest to youngest.

Child's Name (First Name)	(Middle Initial)	(Last Name)	Gender	Date of Birth	Scan Card
Child's Name (First Name)	(Middle Initial)	(Last Name)	Gender	Date of Birth	Scan Card
Child's Name (First Name)	(Middle Initial)	(Last Name)	Gender	Date of Birth	Scan Card

The Contact Information below will also be used as the emergency contact unless otherwise specified

Parent/Guardian's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number (circle best)

Home _____ Mother's Cell _____ Father's Cell _____

Email _____

We will be using text messaging to send you important information. We will be using the cell number above unless otherwise noted.

_____ Agree _____ Disagree Please list cell phone # you would like us to use: _____

I accept full responsibility for my use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by this club, directors, officers, employees, representatives and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by myself, my family or others under my supervision or control resulting there from. In addition, I agree that the above information is accurate and complete. I also understand and acknowledge that photos/videos may be taken for publicity/marketing purposes and give my authorization for any and all photos or video footage of myself or of my minor child to be used in this fashion.

All Parents/Guardians are asked to volunteer for at least TWO meets this summer. Rank the following meet jobs in order of preference.

_____ Timing _____ Scoring/Computer _____ Runner _____ Clerk _____ Stroke Judge*

*Stroke Judge will receive a \$50 refund on Program Fees if working at least two (2) meets at PAC this summer.

Stroke Judges must attend a training clinic. Clinic date and time are TBD. Contact swim@thepac.com for Clinic and Refund details.

Signature _____ Date _____

Information below is to be filled out by PAC Concierge or Swim Personnel ONLY

*All Meet Fees and Insurance Charges are MANDATORY to pay.

Member:

- _____ \$220 First Child Code: 14050
- _____ \$200 Per Add'l Child Code: 14051
- \$30 Meet Fee (per child) Code: 14005
- \$5 Insurance (per child) Code: 14054

Payment Information:

Total: \$ _____

Non-Member:

- _____ \$275 First Child Code: 14056
- _____ \$200 Per Add'l Child Code: 14052
- \$30 Meet Fee (per child) Code: 14005
- \$5 Insurance (per child) Code: 14054

Method of Payment: CTA Check Cash Credit/Debit

Payment Accepted By: _____