



PELICANS SUMMER SWIM TEAM



Tryouts and Registration: Sunday, May 5th

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

The swimPAC Summer Swim Team, the Pelicans, is designed for various abilities and skill levels. We aim to provide a safe and friendly swimming experience for each child. This program offers detailed stroke and dive instruction, with a focus on improvement and enjoyment of the sport of swimming. The Pelicans will attend competitive meets against other local summer teams.

For more information email swim@thepac.com

PRACTICE TIMES	
May 6 - 24	MONDAY, WEDNESDAY, FRIDAY
6:00pm - 7:00pm	All Ages
Starting May 28th	MONDAY - FRIDAY
9:15am - 10:15am (8 & under)	10:15am - 11:15am (9 & over)
Starting May 28th	TUESDAY - THURSDAY
6:00pm - 7:00pm	All Ages

PELICANS SUMMER SWIM TEAM REGISTRATION FORM

Child's Name (First Name) (Middle Initial) (Last Name) Gender Date of Birth T-shirt Size

Child's Name (First Name) (Middle Initial) (Last Name) Gender Date of Birth T-shirt Size

Child's Name (First Name) (Middle Initial) (Last Name) Gender Date of Birth T-shirt Size

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 use 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.*

A training clinic will be provided for Stroke Judges on May 19th at 4pm at Franco's. 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:

_____ \$225 First Child Code: 14050
 _____ \$210 (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
 _____ \$225 (per add'l child) Code: 14012
 \$30 Meet Fee (per child) Code: 14005
 \$5 Insurance (per child) Code: 14054

Method of Payment: CTA Check Cash Credit/Debit

Payment Accepted By:
