

# 2017

## THE SHEPAUG SUMMER SWIM TEAM

### CALLING ALL SWIMMERS AGES 5-16!

Have fun! Stay in shape! Learn new techniques!

Make new friends!

**WHO:** All area youths between the ages of 5-16 are invited to participate!  
Please note, swimmer **must** be able to swim one length of pool **unassisted**  
(If you are turning 17 after July 4<sup>th</sup> you are still eligible for 2017 Summer Swim Team.)

**WHEN:** Program runs June 26<sup>th</sup> - August 3<sup>rd</sup>  
Note: Championships TBA  
Practices are held Monday - Thursday  
Ages 10 and Under practice: 8 A.M. to 8:45 A.M.  
Ages 11-16 practice: 8:30 A.M. to 10 A.M.

**Meet dates: TBA**

**Times & locations will be announced at practice in June**

**WHERE:** Shepaug Valley High School Pool, 159 South Street, Washington, CT

Registration Fees*
\$80 for 1 swimmer in family
\$140 for 2 swimmers in family
\$200 for 3+ swimmers in family

**FREE T-shirt included with registration!**

Registration Forms are available at the Washington Recreation Office or can be downloaded from the [washingtonct.org](http://washingtonct.org) website, or by emailing your request to: [shepaugsummerswimteam@yahoo.com](mailto:shepaugsummerswimteam@yahoo.com)

PLEASE RETURN TO: Washington Parks & Recreation  
PO Box 383  
Washington Depot, CT 06794

**BEFORE JUNE 14th**

# Shepaug Summer Swim Team Registration Form 2017

Email questions or concerns to: [shepaugsummerswimteam@yahoo.com](mailto:shepaugsummerswimteam@yahoo.com)

Participant Name: \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of 7/1/17): \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_  
Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone # (home) \_\_\_\_\_ (cell or work #) \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Allergies/Special Needs: \_\_\_\_\_

Please check the following parent job(s) you will assist in at a meet:

Timer  Ribbon Writer  
 Lane Assignment Helper  Runner  
 Concession Helper (Home meets only)

I can stay at morning practice on:  Mondays  Tuesdays  Wednesdays  Thursdays

My child, \_\_\_\_\_, will be away on these dates: \_\_\_\_\_

## Acknowledgement and Waiver

I hereby consent that my child is to participate on the Shepaug Summer Swim Team, at Shepaug Valley High School. I certify that my child is in good physical condition and can swim one length of the pool without difficulty. I will not hold the Shepaug Valley School System (Region #12), the Board of Education, Recreation Commissions of Bridgewater, Roxbury, Washington or the coaching staff responsible in case of accident or injury. **I hereby give permission for my child/children to participate in this program. I will hold harmless the Town of Washington, the Parks & Recreation Commission, Region 12 and any of its agents, directors, employees and supervisors for any responsibility or liability for any injuries or property damage which may arise from my participation or my child's participation in this program. I also understand that in the event of an injury, my own personal medical insurance will be used.** Unless indicated hereafter, the Washington Parks & Recreation Commission may use photographs including the above-named participants for promotional purposes and may use our email for program purposes. NO \_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to: **WASHINGTON PARKS & REC**

Registration Fees*
\$80 for 1 swimmer in family
\$140 for 2 swimmers in family
\$200 for 3+ swimmers in family

T-shirt size : Youth small \_\_\_\_ medium \_\_\_\_ large \_\_\_\_ Adult small \_\_\_\_ medium \_\_\_\_ large \_\_\_\_

Amount Rec'd \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Cash or Check # \_\_\_\_\_