2020
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 4th you are still eligible for 2020 Summer Swim Team.)

WHEN: Program runs June 29th - August 7th
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

<table>
<thead>
<tr>
<th>Registration Fees*</th>
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<tbody>
<tr>
<td>$100 for 1 swimmer in family</td>
</tr>
<tr>
<td>$180 for 2 swimmers in family</td>
</tr>
<tr>
<td>$250 for 3+ swimmers in family</td>
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FREE T-shirt included with registration!

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

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

BEFORE JUNE 19th
Participant Name: ___________________________

Date of Birth______/______/____ Age (as of 7/1/20): ____________________ 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

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

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T-shirt size: **Youth** small____medium____large____ **Adult** small____medium____large____

Swim suit fittings will be on Tuesday, June 30th

Amount Rec’d _________ Date Rec’d _________ Cash or Check # _________