

CYCLONES SWIM TEAM

The "*Cyclones Swim Team*" will encompass a ten week session for the Spring of 2017. Throughout the session, we hope to emphasize good sportsmanship, team spirit, while instilling a love for the sport.

During the session, we will work in improving mechanics for:

- Free, Breast, Back and Fly
- Flip Turns
- Racing Starts

While improving times through:

- Building Block Drills
- Rhythm and Timing
- Breathing Exercises

TEAM FEES

Team Fee:	\$350.00
Mid Atlantic Swimming Registration Fee:	<u>\$ 35.00</u>
Total	\$385.00

(Note: The \$35.00 Mid Atlantic Fee. This fee is normally \$70.00 per year but is being reduced due to the Cyclones Swim Team starting in mid season.)

Discounts:

- Cash payments: deduct 10% (may not be combined with two or more swimmers discount) -- ***NOTE: the 10% discount may not be deducted from the Mid Atlantic Swimming registration fee***
- Multiple swimmers same family (2 or more): deduct 5% (may not be combined with cash discount)

Mail completed registration form, payment form and check to:

**Cyclones Swim Team
c/o Renee Reasons
6 Wright's Court
Garnet Valley, PA 19060**

Those paying cash, please bring to the first practice session. ***At this time we are unable to accept credit cards.***

CYCLONES SWIM TEAM

Training Locations and Times

Sundays

5:00 PM to 6:00 PM

Clarence Fraim Boys and Girls Club of Wilmington
669 S. Union Street
Wilmington, DE 19805
(302) 655-4591

Mondays

6:45 PM to 7:45 PM

Wednesdays

7:00 PM to 8:00 PM

H. Fletcher Brown Boys and Girls Club of Wilmington
1601 N. Spruce Street
Wilmington, DE 19802
(302) 656-1386

Spring session practice days

March 12, 13, 15, 19, 20 22, 26, 27, 29

April 2, 3, 5, 9, 10, 12, 17, 19, 23, 24, 26, 30

May 1, 3, 7, 8, 10, 14, 15, 17

Upon confirmation of swimmer's try out, send the following to **Cyclones Swim Team, c/o Renee Reasons, 6 Wright's Court, Garnet Valley, PA 19060:**

- Registration Form and Waiver/Release of Liability Form,
- Payment Form, and
- Payment

CYCLONES SWIM TEAM

**Registration Form and
Waiver/Release of Liability**

Parent(s) / Guardian Full Name: _____

Address: _____

City/State/Zip Code: _____

Home # _____ **Work #** _____ **Cell #** _____

Preferred number in the event of an emergency: _____

Summer Swim Team: _____

Swimmer(s)

Name: _____ **Age:** _____ **Date of Birth:** _____

Name: _____ **Age:** _____ **Date of Birth:** _____

List any serious medical conditions/medications: _____

A friend referred me to the program. His/Her name is: _____

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF
LIABILITY AND A WAIVER OF CERTAIN LEGAL RIGHTS.**

LIABILITY RELEASE AND INDEMNIFICATION

I, the undersigned participant and parent, request voluntary participation for minor to participate in all events, which are hereinafter referred to as the "activities." sponsored by the Cyclones Swim Team, USA Swimming and its local swimming committees. This agreement is valid while the participant is a member of USA Swimming.

I consent to my/minor's participation in the activities and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before any activities begins.

Release – Minor’s Rights:

In consideration of allowing Minor Participant to participate in the activities, I hereby release and hold harmless the Cyclones Swim Team, USA Swimming and its local swimming committee and their members of its board of directors, officers, employees, volunteers, other participants, and agents (collectively, the “Released Parties”), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

(Print name of minor) Signature of minor _____
(Date)

Release – Parents’/Guardians’ Rights:

In consideration of allowing Minor Participant to participate in this USA Swimming event, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant’s participation in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor’s personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

(Print name of Parent/Guardian) (Signature of parent) _____
(Date)

Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant’s participation in the activities. The undersigned also agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Release and is intended to be as broad and inclusive as is permitted by the laws of the State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

(Print name of Parent/Guardian) (Signature of parent) _____
(Date)

CYCLONES SWIM TEAM

Payment Form

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Spring Session:

Swimmer(s) name(s) _____

Number of swimmers _____ x \$350.00 = \$ _____

Less cash discount (10%) _____ **or**

Less multiple swimmer discount (5%) _____

Plus Mid Atlantic Registration Fee (no discount on this fee) _____

Total amount due \$ _____

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