

S.M.A.R.T. Swim Programs

Summer 2017 Season Registration Form & Instructions

• The summer program will practice Monday through Thursday from 6:00 to 7:45 p.m. at the Clayton County Natatorium (Steve Lundquist Aquatic Center). Your registration fee includes usage fees for the center, pool equipment rental and coaching for the season(s) you select.

Summer Season 1: 5 weeks, May 30 thru Jun 29, 15 practices*, cost \$110

Summer Season 2: 2&1/2 weeks, Jul 5 thru Jul 20, 10 practices, cost \$70

SCSL Season with FAST: 7&1/2 weeks, May 30 thru Jul 15, 17 practices, 7 SCSL meets, cost \$180**

* We'll miss 3 Thursdays due to FAST swim meets (not included in the 15 practices)

** Team suit, cap and t-shirt will be an additional cost

The \$180 fee includes fees to compete on the Fairfield Area Swim Team (FAST) in the Southern Crescent Swim League. More information about competing with FAST will be given to you after you've registered for summer. There are 2 separate registration forms required to participate with FAST in the SCSL. (forms available at www.leaguelineup.com/FAST) Competition is encouraged but not required. There will not be SMART races separate from the SCSL season as there are throughout the year.

• This program is open to adult and or fitness swimmers as well at the same cost (minus discounts if your child is also swimming this season). Swimmers are not required to swim every day or compete with FAST. SMART will calculate a prorated fee if you want to swim only 2-3 days a week and/or only for part of the season.

• For swimmers new to SMART **there is a 1-time family registration fee of \$25**

• Swimmers do not have to know all 4 competitive strokes but should be able to swim 25 yards of freestyle without stopping. Practice sessions will be a mix of instructional drills and short conditioning sets (200 - 800 yards). The objective is to help each swimmer learn better technique, develop sprint speed and provide conditioning for competition in the summer recreational league.

• New SMART swimmers please complete both pages. Mail both pages and registration fee payable to:

Smartswimmer, PO Box 1980, Jonesboro, GA 30237

• Please contact Coach Slotnick at (404) 731-1651; Cut off or copy the information above for future reference before mailing.

----- cut here if needed -----

Name: _____ Grade next fall: _____ Birthdate: _____ Boy or Girl (pls circle)

Street Address

Mailing Address (if different)

_____ (Bldg#&Street)

_____ (City/State/Zip)

Parent Name(s) and contact info (Please "star" or asterisk * the emergency contact)

_____ Phone: _____ Email: _____

_____ Phone: _____ Email: _____

Swimmer contact info (if additional)

Phone: _____ Email: _____

"I am signing up for" Please mark as applicable:

_____ Summer Season 1: 5 weeks, May 30 thru Jun 29, 15 practices*, cost \$110

_____ Summer Season 2: 2&1/2 weeks, Jul 5 thru Jul 20, 10 practices, cost \$70

OR -> _____ SCSL Season with FAST: 6&1/2 weeks, May 30 thru Jul 15, 17 practices,
7 SCSL meets, cost \$180**

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Medical Information and Hold Harmless agreement
(Valid for Fall 2016 - Summer 2017 programs)

Health Insurance _____

Subscriber name _____

Group number (if applicable) _____ Subscriber/Policy number _____

Any special medical or health conditions? _____

Any medications taken for this condition? _____

Could the condition result in an emergency? if so, please explain: _____

Any allergies to medication or conditions sometimes found around aquatic facilities?

Medical release & Insurance guarantee:

I hereby give permission for an agent of the S.M.A.R.T. program to take my child _____, to a hospital for any needed emergency medical treatment when I cannot be reached or when delay would be considered dangerous. I accept financial responsibility for all charges incurred for the emergency treatment. I will maintain medical insurance to address the risk involved with athletics / competitive swim training.

Parent Signature _____ Date _____

Hold Harmless clause:

Swimmers will be supervised at all times while on deck or in assigned lanes. No coach, staff member, or parent present will be held liable if injury occurs to a swimmer in other areas of the Natatorium. All participants are expected to follow all established pool rules and the directions from their coach. Not reading the rules, not listening or hearing instructions is no excuse from not following them. I understand swimming is a physically demanding activity and my child is medically able to participate. I understand that having multiple swimmers training in close proximity to each other is potentially dangerous; although coaches will make every effort to safeguard my child, they cannot prevent every possible accident from happening. I release the coaches and staff from liability in the event my child is a victim of bona fide accident.

Parent Signature _____ Date _____

The Clayton County Aquatic Center is supervised by certified lifeguards. They require a consent to treatment from participants in aquatic programs in their pool:

I authorize such physician or medical staff as Clayton County may designate to carry out any minor medical or surgical treatment and / or medication necessary or take my child / ward to the emergency room of the nearest hospital and it's staff to provide medical treatment deemed necessary by them for the well-being of my child / ward. It is understood that if hospitalization or treatment of a more serious nature is required that I will be contacted if possible by telephone for permission. The physicians, organizers, officers, directors, agents or employees of Clayton County are hereby released from liability of damage to person or property during the event of the program, and in that regard, I hereby covenant that on my behalf and for the minor not to file a claim or bring suit with respect to any such injury or damage.

I, the undersigned am parent or guardian of the specified minor _____ . I have read and fully understand the provisions of this release and have explained them to said minor. I hereby agree that said minor and I would be bound thereby.

Date _____ Parent / Guardian Signature _____