

2016 S.M.A.R.T. Fall Swim Program

Fall Program Registration Form & Instructions

• The 2016 fall 12-week program runs from Aug 8th to Oct 29th 2016. Available practice days for middle and high school swimmers are Monday through Thursday and Saturday. You may choose from the 12 practice times offered to meet your training needs. Elementary age swimmers may choose from Monday through Thursday practice times. Elementary age swimmers desiring a Saturday practice day must be capable of swimming in the middle school group.

The number of practices you choose determines your cost for the season or 4-week month:

\$55 a month for 2 x 1 hour practices per week; \$80 a month for 2 x 2 hour practices per week; \$75 for 3 x 1 hour practices; \$100 a month for 3 x 2 hour practices per week or 4-5 x 1 hour practices per week; \$120 a month for 4-5 x 2 hour practices.

Prefer to pay just once? multiply monthly cost by 3 — Adult swimmers with kids swimming get 1/3 discount for each kid. Interested in a mix of 1 hour and 2 hour practices? Call or email for a quote.

There is a 1-time family registration fee of \$25
enrollment into Swimmerman's Swim School's MindBody system

• Swimmers will train in groups by ability with one coach for (approximately) every 20 swimmers. You do not have to know all 4 competitive strokes to participate but should be able to swim 25 to 50 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 endurance and speed in preparation for school or age-group competition.

• All practices are held at the Steve Lundquist Aquatic Center (Clayton County); times available are shown below. We will meet each of these days unless the facility is closed for holiday or other circumstance.

• Please visit our web site at www.smartswimmer.org for additional information about our programs. To register complete both pages and mail both pages and registration fee payable to:

Smartswimmer, PO Box 1980, Jonesboro, GA 30237

• For any questions contact Coach Mike Slotnick at (404) 731-1651. Returning SMART swimmers, please complete both forms even if there are no changes - the Fall season is the beginning of a new training year.

Name: _____ Gender M or F Grade: _____ Date of Birth: _____

Street Address / Mailing Address (where you prefer to receive correspondence)

(Number & Street)

(City/State/Zip)

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

_____ Cell: _____ Email: _____

_____ Cell: _____ Email: _____

Swimmer contact info (if additional)

Phone: _____ Email: _____

Swimmer Favorite Events (Stroke & Distance); include best times:

School attending this coming year: _____

Goals for the season (what you'd like to achieve)

Practice days desired: (Place a "X" in each box)

		5:45-6:45 pm	<input type="checkbox"/>
Monday	4:45 - 5:45 pm	6:45-7:45 pm	<input type="checkbox"/>
Tuesday	5:45-6:45 pm	6:45-7:45 pm	<input type="checkbox"/>
Wednesday	4:45 - 5:45 pm	5:45-6:45 pm	<input type="checkbox"/>
		6:45-7:45 pm	<input type="checkbox"/>
Thursday	5:45-6:45 pm	6:45-7:45 pm	<input type="checkbox"/>
Saturday	9:05-10:05 am	10:05-11:05am	<input type="checkbox"/>

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

Health Insurance _____

Subscriber name _____

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 bonafide 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 _____