

# Portage Youth Swim Team

## Session II Swimming

January 14, - February 22, 2019



**A great learning and development experience.**

**Swimmers participate in group levels to develop their competitive swimming skills.**

**NOTE:** Group placement for a swimmer is based on age and/or experience in competitive swimming so that we may categorize swimmers in their optimal practice group. If you have questions about the group your swimmer should practice with, talk to the team representative during registration.

**NOVICE GROUP\*\*:** Swimmers should be prepared to learn competitive skills and it is recommended the child has had a good base of swimming experience (Completed swim lessons -Level 4 or above).

**\*\*Participating on the swim team should NOT be a substitute for lessons if a swimmer needs continuing basic swimming skill development.**

**Silver I Group (Novice\*\*)** (Practice Monday - Thursday from 4:00 – 5:00 pm) Session FEE: \$120

*This group is for beginning and continuing developing swimmers - generally new and/or 8 & under swimmers.*

**Silver II Group (Intermediate)** (Practice Monday - Thursday from 4:00 – 5:00 pm) Session FEE: \$120

*This group is for recommended for young swimmers who have had a full season of swim team experience.*

**Gold Group (Experienced)** (Practice Monday - Thursday from 4:00 – 5:30 pm) Session FEE: \$120

*This group is for experienced swimmers who demonstrate maturity and readiness for advanced training workouts.*

**Session registration is available online or in person Monday, January 14 @ 5:30 PM at Portage Pool following practice and mandatory Parent Meeting @ 5:15 PM.**

Please also visit: [www.portageyouthswimteam.com](http://www.portageyouthswimteam.com) for registration, schedule, team, and additional swimmer group placement information.

**Meets:** All swimmers are also encouraged to participate in meets held throughout the season. Meets will be announced and information for each meet sent prior to scheduled date of meet.

# Portage Youth Swim Team

## Session II Swimming

January 14, - February 22, 2019



Please complete information below. Return form and payment to Team Registration representative.

### Registration and Medical Information Form:

Swimmer's Name \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s)/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent E-Mail Address: \_\_\_\_\_

Emergency Contact Name (other than above): \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Swimmer's Physician: \_\_\_\_\_

Physician Location: \_\_\_\_\_

Please list any problems or health concerns we should be made aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on back if needed)

### ATHLETIC LIABILITY WAIVER

We (I) further knowingly and voluntarily waive any/all claims and forever release the Portage Youth Swim Team, its Board/Parent Members, Officers, Agents, Coaches, Sponsors, and Volunteers for any and all injuries sustained by our/my son/daughter, while participating, whether it be in practice session, in actual competition, or while being transported to either/or of the fore mentioned.

We (I) the undersigned, have adequate insurance and am/are willing to take full financial responsibility for any and all injuries sustained by our/my son/daughter participating, whether it be in a practice session or in an actual competition or while being transported to either/or of the fore mentioned.

Our/my signature below will allow a coach to admit our/my son/daughter to a medical facility and/or to the care of a physician, if conditions warrant such action.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Team Use Only:

January 2019 Session Paid: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Amount \_\_\_\_\_ Team Representative Initial \_\_\_\_\_