

## **2018 SUMMER SWIMMING PROGRAM**

The Schuylkill Haven School District will sponsor this program to any Schuylkill Haven Area Resident and Non-Resident Students up to 12<sup>th</sup> grade. To be eligible to participate in this program a Swimmer **MUST** be able to swim **ONE FULL** length of the High School Pool using one of the four competitive strokes. All Swimmers will work at their own level. The program will work on improving strokes, endurance, and times.

### **SWIMMERS'S RULES**

1. All regular pool rules are in effect.
2. For safety reasons, swimmers must adhere to Coach's instructions at all times!
3. Understand the coach is there to help ALL the team members improve and do their best. Give him/her your complete respect and cooperation at all times.
4. Remember: You are representing Schuylkill Haven—your actions and conduct reflect on the whole team and School District.
5. If any swimmer or parent would have a problem of any type, please come to the coach immediately so that it can be handled in the proper manner.
6. Anyone wishing to help on deck with the children must have criminal background & child safety clearances from the Commonwealth- can be done for free online! Print and give to Tim.

### **PARENT'S EXPECTATIONS**

1. **If you are unable to make a meet I need to be notified 48 hours before the Meet.** I understand emergencies happen and will be understanding. To efficiently plan and have a meet I need to know attendance in a timely fashion.
2. Swimmers must attend 4 meets to swim at Championships.
3. To have a meet run smoothly volunteers are a must. There will be sign up sheets for concession stand, pool set up, and timing. I am usually running around working out the pre-meet system issues, so the more volunteers for timing and deck set up the easier it is.
4. Any issues that you may have feel free to call/text me anytime, open communication will alleviate any possible issues.
5. With our brand new and very young swimmers our goal is to emphasize good technique. Better times will come with better form and at a young age that is the time to learn correctly!!

**REGISTRATION FEE: Resident \$20.00 NON-Resident \$40.00**

\*Discounts offered for multiple swimmers in same family, please ask\*

(Fill out form below and return with payment to Tim Schultz)

Checks made payable to: Schuylkill Haven Area School District

Coach Phone Number 570-573-4948 – Tim Schultz

Email: Schultz366@hotmail.com

\*There is a youth swim team Facebook page – “Haven Hurricanes Swim Team” – please friend request a coach or another parent and then they can invite you to join the private page.

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**2018 Winter SWIMMING PROGRAM**

Swimmer's Name \_\_\_\_\_  
Address \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Birth Date \_\_\_\_\_  
Main Phone # \_\_\_\_\_ Guardian/Mother Name & Cell phone \_\_\_\_\_  
Guardian 2/Father Name & Cell Phone \_\_\_\_\_  
Emergency Phone #, Name, & relationship to swimmer: \_\_\_\_\_  
Family email address(s) \_\_\_\_\_  
Number of years child has been on any swim team \_\_\_\_\_  
Additional Contact/Other Information/Allergies \_\_\_\_\_

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**AGREEMENT TO PARTICIPATE**

My child \_\_\_\_\_ has my permission to participate in the Schuylkill Haven Summer Swimming Program. I have read the above rules and understand them completely and will abide by them at all times. I am aware that participating in any physical activity can be dangerous involving many risks to injury, even death. I recognize the importance of following the coach's and lifeguards instructions regarding techniques, training and other rules and do agree to obey such instructions. I also agree to participate as needed during swim meets and practices as requested by the coaching staff to help ensure the program is successful for my child.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**HOLD HARMLESS/RELEASE**

In participating in any physical activity, I recognize that certain risks and dangers exist. These include loss or damage of personal property, injury or fatality due to accident, illness, or collision with a vehicle while traveling to and from the activity site. I understand that Schuylkill Haven shall assume no responsibility or liability for accidents, illness or activity, and I hereby hold the Schuylkill Haven School District or agents harmless from any and all liability action, claims, and damage of every kind and nature whatsoever. My signature on this document is also intended to bind my heirs, representative, executors, administrators, and successors.

Signature of Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_