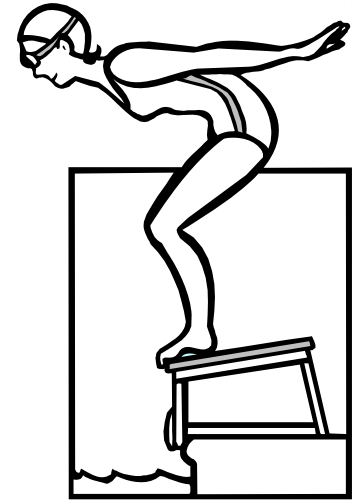


Marlins Swim Team

Marlins Swim Team

The McHenry Marlins compete in the Northern Illinois Winter Swim Conference. The team is open to both novice and experienced swimmers. **This swim team program is not designed as a swim lesson program.** Students learn strokes, techniques, diving, starts, turns and conditioning. Parents must complete and sign forms and submit medical release at registration. **Parents are required to work at the swim meets.**



Prerequisite Ages 6 – 8

1. Swim 25 yd freestyle exhibiting proficiency in breathing patterns and stroke
2. Swim 25 yd backstroke exhibiting proficiency in kick and body position
3. Swim 25 yd breaststroke exhibiting proficiency in kick and body position

Prerequisite Ages 9 – 18

1. Swim 50 yd freestyle exhibiting proficiency in breathing patterns and stroke
2. Swim 50 yd backstroke exhibiting proficiency in kick and body position
3. Swim 50 yd breaststroke exhibiting proficiency in kick and body position

This year **only 15 swimmers will be accepted per age group/gender.** Registration will be on a first come, first service basis. Should an age group fill, eligible swimmers will be placed on a waiting list and called if a space opens. Please sign up early to reserve your spot. **Age will be determined by child's age on December 1, 2009.**

Previous participants must register before the first day of practice. If previous participants are not registered by 3:00 pm on Mon, Oct 12, they will not participate in the first meet and will have to pay an additional \$10.00 late fee. **First time swimmers can register for a three day trial** and must pay or withdraw within the first three days. **These swimmers must fill out a registration form prior to the first practice.** They must make payment by 4:30 pm on Mon, Oct 19 or they will not participate in the first meet and will have to pay an additional \$10.00 late fee. There is a \$5.00 discount for a second family member registering. Participants must stay behind the "fence" in the pool while high school practices are in session. For more info, visit the McHenry Marlins Parent Organization website at www.mchenrymarlins.net.

Levels of Practice

In an effort to afford each swimmer the attention that he or she deserves, practice groups will be established by speed and stamina with consideration to age (rather than by age only). During the first week or so, coaches will be testing and assessing swimmers in order to determine appropriate groupings. Most returning swimmers will probably train at, or close to, the same time as last winter.

A Practice – This group will swim 3,500 – 4,000 yards per day. Students must be efficient in the four competitive strokes. This group includes high school age swimmers plus any 11 through 14 year olds who can maintain the same level. (100% training only for swimmers who desire to work hard)

B Practice – This group will work up to 2,000 – 2,500 yards per day. Students will work on strokes, starts and turns. (50% instruction and 50% training)

Registration Information

Ages: 6 – 18 years old
Dates: M/W/F, Oct 12 – early March
Sat, Oct – Dec

B Practice: M/W, 5:00 – 5:50 pm and Fri, 4:00 – 4:50 pm
A Practice: M/W, 5:50 – 7:00 pm and Fri, 4:50 – 6:00 pm
Sat Practice: 12:00 pm – 2:00 pm (Dates TBA)
Meets: Saturdays (Dates TBA)

723511A Girls Ages 6 – 8
723511B Girls Ages 9 – 10
723511C Girls Ages 11 – 12
723511D Girls Ages 13 – 14
723511E Girls Ages 15 – 18
723511F Boys Ages 6 – 8
723511G Boys Ages 9 – 10
723511H Boys Ages 11 – 12
723511I Boys Ages 13 – 14
723511J Boys Ages 15 – 18

Location: West Campus High School Pool
Max: 15 Per Division
Fee: \$165/CR – \$175/NCR

**Marlins Swim Team Registration Form on
the following page**

Marlins Swim Team

Marlins Registration Form (please complete a form for each child)			
Child's First & Last Name		Middle initial mandatory	
Parent's First & Last Name		Child's Birthdate (M/D/Y)	
Street Address		Age as of 12/1/2009	
City, State, Zip		Home Phone Number	
Email Address		Work Number (mom)	
Chronic Illness		Cell Number (mom)	
Medications Taken		Work Number (dad)	
Allergies to Medicine		Cell Number (dad)	
McHenry Marlins Parent Organization @ www.mchenrymarlins.net		# to reach parent 4-5pm	
<p>I, the parent of the above named applicant attest that my child is physically fit for this type of activity. I also give my approval to her/his participation at any and all team activities. I hereby waive, release and discharge any and all claims against the McHenry Marlins, the City of McHenry, all their representatives and supervisors from any all claims and/or damages which may be sustained by the participant in travel to, participation in, and returning from any meets or practice sponsored by the McHenry Marlins Swim Team and/or the City of McHenry. I hereby give my permission for the McHenry Marlins swim team coaches to authorize medical treatment for my child in the event of an emergency at or in route to or from any and all away meets, or at home meets, if they deem it necessary and parent/guardian cannot be reached. I understand that either my spouse or I have the obligation to work a minimum of four meets either as a timer, ribbon writer, stroke official, card runner or scorer/official.</p>			
Signature of Parent: _____		Date: _____	
For Office Use Only			
Fee:	Late Fee:	Total Fee:	Date: _____
Payment Type: <input type="checkbox"/> cash <input type="checkbox"/> check # _____ <input type="checkbox"/> charge		Resident: <input type="checkbox"/> yes <input type="checkbox"/> no	Initials: _____
		Copy to Coach:	

Mail or fax this form with your payment to:

McHenry Parks and Recreation Department
 333 South Green Street, McHenry, 60050
 Phone: 815-363-2160 Fax: 815-363-3186

- Check here if you need accommodations, in accordance with the Americans With Disabilities Act, to effectively participate in any of the above programs. If an Inclusion Aide is requested please contact the McHenry Parks and Recreation Department prior to the start of the program.

Total Remittance:

\$ _____

Please check form of payment

Cash Check

Make checks payable to City of McHenry

Visa MasterCard Discover

Bank Card Number _____

Exp Date _____ 3 Digit Sec Code _____

Cardholder Name _____

Cardholder Sign _____

Program Waiver

I, the undersigned, and parent or legal guardian of the program participant(s) hereby grant permission to my said child(ren) to participate in the City of McHenry Parks and Recreation Department sponsored and supervised programs. I agree to be responsible for, and to hold the City of McHenry, its officers, agents and employees harmless from, any and all claims, injuries, damages, liabilities and expenses arising from the actions and conduct of my child(ren) during this program. I authorize the City of McHenry Parks and Recreation Department personnel to obtain for my child(ren) such ambulance, medical and hospital services as such personnel may, in their discretion, deem appropriate and I agree to pay all charges and expenses thereby incurred on behalf of my child(ren) in connection therewith.

Print Family Last Name _____

Home Phone _____

Parent/Guardian Sign _____

Participants Names _____

Work/Emerg Phone _____

Date Signed _____