

The W Swim Club Schedule

March 11th – April 13th, 2019

Practice Times:

Mondays and Wednesdays

Skill Level 1, Ages 6-8 3:45-4:45 p.m.

Skill Level 2, Ages 9 & 10 4:45-5:45p.m.

Skill Level 3, Ages 11 & up 5:45-6:45 p.m.

Dates: *Subject to Change*

March: 11, 13, 16, 18, 20, 23, 25, 27, 30

April: 1, 3, 6, 8, 10

Saturdays

6-10 yrs. 9-10 a.m.

9 yrs. and up 10-11a.m.

Dates to Remember:

Swim Meet: Sat. April. 13th 9am

No Practice:

Contact Information:

Head Coach: Timmery Foster, timmery.foster@wartburg.edu

Aquatics Director: Heather Zajicek, heather.zajicek@wartburg.edu, 319-352-8717

Participant Information

Last Name: _____ **First Name:** _____ **Middle:** _____

Preferred Name: _____ Birth Date: _____ Age: _____

Gender: _____ Athlete Cell: _____ Athlete E-mail: _____

Last Name: _____ **First Name:** _____ **Middle:** _____

Preferred Name: _____ Birth Date: _____ Age: _____

Gender: _____ Athlete Cell: _____ Athlete E-mail: _____

Last Name: _____ **First Name:** _____ **Middle:** _____

Preferred Name: _____ Birth Date: _____ Age: _____

Gender: _____ Athlete Cell: _____ Athlete E-mail: _____

Last Name: _____ **First Name:** _____ **Middle:** _____

Preferred Name: _____ Birth Date: _____ Age: _____

Gender: _____ Athlete Cell: _____ Athlete E-mail: _____

Parent/Guardian Information

Father/Guardian

Last Name: _____ First Name: _____

Cell Phone: _____ Work: _____

Primary E-mail: _____

Mother/Guardian

Last Name: _____ First Name: _____

Cell Phone: _____ Work: _____

Primary E-mail: _____

Participants Primary Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Medical Information

Athlete's Name(s): _____

Emergency Contact (other than parent): _____

Emergency Contact Phone: _____

Medical Conditions//Medications: _____

Athlete's Name(s): _____

Emergency Contact (other than parent): _____

Emergency Contact Phone: _____

Medical Conditions//Medications: _____

Family Name: _____

Are you a member of The W? Y or N

Release of Liability

By my signature below, I signify that I have read, understand and voluntarily agree to the following:

In consideration of the Wartburg-Waverly Sports & Wellness Center at Wartburg College granting the participant permission to participate in activities/programs, I hereby assume all risks of personal injury (including death) and property damage that may result from any activity/program.

I do hereby release and agree to indemnify, defend, and hold harmless Wartburg College, the Board of Regents, the Wartburg-Waverly Sports & Wellness Center, their employees, officials and agents, and all participants in the program/activity from and against all liability, including claims and suits at law or in equity, for damages or injuries, fatal or otherwise, which may result from any negligence of the participant taking part in activities/programs offered by the Wartburg-Waverly Sports & Wellness Center at any location that these activities may take place.

Family Members: _____
(Print) _____

Parent/Guardian: _____ Date: _____
(Print)

Parent/Guardian: _____
(Signature)