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 4:45-5:45 p.m.
Skill Level 3, Ages 11 & up 5:45-6:45 p.m.

Saturdays
6-10 yrs. 9-10 a.m.
9 yrs. and up 10-11 a.m.

**Dates:** Subject to Change
March: 11, 13, 16, 18, 20, 23, 25, 27, 30
April: 1, 3, 6, 8, 10

**Dates to Remember:**
Swim Meet: Sat. April 13th 9 am
No Practice:

**Contact Information:**
Head Coach: Timmery Foster, timmery.foster@wartburg.edu
Aquatics Director: Heather Zajicek, heather.zajicek@wartburg.edu, 319-352-8717
The W Swim Club Registrations for Spring 2019

Family Name: ____________________________________________

Phone#1: __________________ Phone#2: ________________

Address: ________________________________________________

Primary E-mail (checked at least 3x per week):

Swimmers: ______________ age: ________
________________________ age: ________
________________________ age: ________
________________________ age: ________

Individual/Family Fees

☐ 1 child in family= $50/child (member) $63/child (guest) $_______
☐ 2 children= $45/child (member) $58/child (non-member rate) $_______
☐ 3+ children= $40/child (member) $53/child (non-member rate) $_______

Medical Information

The Medical Information Page needs to be completed by each swimmer. Please make multiple copies if you are registering more than one swimmer.

Release of Liability

The Release of Liability Page needs to be completed by each family.

Would you be willing to volunteer?

- Monday practices: 3:45, 4:45, or 5:45
- Wednesday practices: 3:45, 4:45, 5:45
- Saturday practices: 9:00 or 10:00
- Time Trials: Saturday, December 8th

Y or N

By registering your swimmer(s) with The W Swim Club I hereby authorize the usage of any photographs taken during the course of practices or swim meets to be utilized by the club on promotional items and advertisements.

____________________________ Signature of Parent/Guardian   __________________ Date

Grand Total $__________

(Check, Credit Card, or CTA Accepted)

CTA  (Circle for W Members-Charge to Account)

Expiration Date: ______/______
☐ MasterCard ☐ Visa

Signature as stated on credit card
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: ______
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 or 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)  
(Print)

Parent/Guardian: ____________________________  Date: ____________
(Print)

Parent/Guardian: ____________________________
(Signature)