

SHARKS



Swimmers take your mark!

Swim Team practice will be May 2 through May 26, Tuesday through Friday 5-6 pm. 2 practices are recommended per week but we encourage you to swim all 4. The cost for May practice will be \$50.

Morning practices will begin June 6th. Ages 11 and over will practice from 7-8 am. Ages 10 and under will practice from 8-9 am. The cost of the summer league is \$95 which includes swim cap and t-shirt.

Fill out your registration form and return with payment and a copy of your birth certificate with the name and year showing (All other info must be blackened out on the birth certificate).

You will receive your swim cap and don't forget to give us your T-shirt size.

Help support the Sharks Swim Team!

Attached is a sponsorship packet. We are asking each swim team member to promote the Sharks by bringing in one sponsor. They can display a banner with their company name, place their name on our Swim Team T-shirts, and/or sponsor a swimmer.

If you need more sponsorship packets, let us know!

Get ready for another great season!

If you have additional questions, let us know in the office.

Community Pool

Pool2@cityofrockport.com

2001 Stadium Drive, Rockport, TX 78382

(361) 727-9989

COMMUNITY AQUATIC & SKATE PARK

2001 Stadium Drive, Rockport TX 78382 **Phone:** 727-9989 **Email:** pool2@cityofrockport.com

Swim Team Registration

Name _____
Last (Please Print) *First*

Parent or Guardian _____

Address _____ City/State _____ Zip _____

Primary Phone # _____ Age _____ Copy of Birth Certificate

Email _____

T-Shirt Size _____ Youth Adult

Pre-Season Practice Starts 5/2-5/26 Tuesday-Friday 5-6 pm (2 days a week recommended)

Team Practice Starts 6/6 Tuesday-Friday 7 am 8 am

- I hereby assume all risks and hazard incident to my participation in all Community Pool activities and use of facilities including transportation to and from said activities.
- I further waive, release, absolve, indemnify and agree to hold harmless the organizer, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims arising out of any injury sustained during my use of the facilities or participation in an activity whether located on this property or not.
- I understand there are no refunds and no make-up practices.
- I understand that the deadline for Swim Team registration is April 30, 2017

Participant Signature (Legal guardian if Minor)

_____/_____/_____
Date

-----Office Use Only-----

Cash:

Check #: _____

Amount Paid: _____

Payable to: City of Rockport

Credit Card:
Name on Card _____

REGISTRATION FEE		\$95
SWIM CAP		
SWIM TEST		
MONTH OF MAY		\$50