

Sedgwick Community Pool

Swim Team Information

The Sedgwick Community Pool would like to welcome you to our 2018 season. If you are wanting to enroll in the Sedgwick Swim Team please complete the information on the second page and return it to either the city offices or the Sedgwick Community Pool. Cost is \$55 per person, (\$30.00 registration fee, \$15.00 meet fee & \$10.00 t-shirt).

Dates and Times to Remember:

1st day of Practice - June 4th

Practices are held Monday through Thursday,
11 & up - 9am to 10am
10 & younger - 10am to 11am

Swim Meets @ Aley Park in Wichita

June 25th
July 9th, 23rd & 30th

Sedgwick will host a Meet against Andale- June 14 @ 6pm

Kids & Adult Triathlon -June 16th

Adults start at 8am
Kids staggered start at 10am

We are looking forward to another exciting and successful swim season.

If you have questions or are just unsure about joining the Swim Team, please feel free to meet with Pool manager/Coach Abra Thieme at the pool May 31th and June 1st or contact her at abrathieme@gmail.com / (316) 650-6676.

Swim Team Registration Form

Swimmer's Name: Last _____ First _____

Date of Birth: ____/____/____ Swimmer's Age: _____ Male / Female

Street Address: _____

Parent(s) Names: _____ Phone: _____

Parent(s) Names: _____ Phone: _____

Hospital _____ Doctor _____

Medical Conditions/Allergies _____

Shirt Size:	Youth Small	Adult Small	
	Youth Medium	Adult Medium	
	Youth Large	Adult Large	Adult X-Large

*any additional shirts for family/friends \$10 per shirt.

Total shirts ordered. _____

Release:

I hereby release any Coach, Instructor, Sedgwick Community Pool and any person connected with the Sedgwick Swim team and the City of Sedgwick from any liability and responsibility for injuries or damages. I acknowledge the fact that _____ is physically able to participate in this activity, and I will assume full responsibility for payment of all medical expenses that might occur as a result of participation.

I, _____, give permission to the coaches to obtain any medical
(Parent name)
treatment necessary for the health and well being of my child, _____.
(Child name)

Parent Signature _____ Date _____

Amount Due \$30 Registration fee + \$15 Meet fee + \$10 T-shirt cost = \$55 total

Check # _____ Cash _____ Amount _____