

STARZ SUMMER SWIM TEAM

For ages 5-18 years.

MAY 28 - JULY 18

Practice Schedule

There will be two practices. Practice A is 45 minutes and is for swimmers 10 & under. Practice B is an hour and fifteen minutes and is for swimmers 11-18. Swimmers may be reassigned practice groups based on ability after the coaching staff is able to observe them swim.

Practice A Schedule

May 28 till June 13th

Monday, Wednesday & Friday 5:30-6:15 pm

Sunday 8:30-9:15 am

June 14th to July 18th

*Monday, Tuesday, Wednesday &
Friday 8:30-9:15 am*

Monday, Tuesday & Thursday 5:30-6:15 pm

Practice B Schedule

May 28 till June 13th

Monday, Wednesday & Friday 6:15-7:30 pm

Sunday 9:15-10:30 am

June 14th to July 18th

*Monday, Tuesday, Wednesday &
Friday 9:15-10:30 am*

Monday, Tuesday & Thursday 6:15-7:30 pm

Meet Dates

June 14	Home	Aberdeen
June 18	Away	Fallston
June 21	Home	Bel Air
June 25	No Meet	
June 28	Home	Fountain Green
July 2	Home	Joppatowne
July 9	Away	North Harford
July 12	Away	Maryland Golf
July 19 & 20 Championships		

Coach Larry Dukes
will be returning for his
6th year at the helm
of the Arena Club's
summer team.

For information email:
ldukes@johnncarroll.org

Swimmers must be able to swim
one length of the pool non-stop
of both backstroke and freestyle.
(Non-stop means without pausing
to grab the wall or to tread water).

Member: \$90 + \$15 registration fee

Non-Member: \$120 + \$15 registration fee

Suits (optional) Female \$61; Male \$41



Program Registration Form



NAME OF PROGRAM: _____

DAY(S) OF PROGRAM: _____ **DATE(S) OF PROGRAM:** _____

PARTICIPANT'S NAME: _____ **MEMBER:** Y N

AGE: _____ **DOB:** ____/____/____ **MALE or FEMALE:** _____

PARENT NAME (if participant is under 18): _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME #: _____ **CELL #:** _____

EMAIL: _____

EMERGENCY CONTACT: _____ **CELL #** _____

T-Shirt (circle): Youth: S M L Adult: S M L **Suit Size (circle):** 22 24 26 28 30
32 34 36 38 unknown

HEALTH INFORMATION: Please list any special needs, medical or behavioral conditions, or medications that we need to be aware of to ensure your child's safety (allergies, asthma, etc.)

RELEASE: I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) shall be undertaken by me at my sole risk. I agree that there are no cancellations or refunds of any fees associated with this program. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. I understand that all images (photographic and video) taken can be used in future marketing.

Signature / Parent or Legal Guardian must sign if participant is under 18

Date

PAYMENT: TYPE: _____ TOTAL AMOUNT: _____ DATE PAID: _____

VISA / MC # _____ EXP: _____

FOR OFFICE USE ONLY:

Staple Receipt Here

