

2017 FEE: \$40.00 member/\$70.00 non member /Due April 30th
(Late fee \$10.00)

SWIM TEAM

The City of Glidden will be sponsoring the Glidden Swim Team for boys and girls 5-18 years of age (should be able to swim the length of the pool). The team meets daily Monday through Friday for practice and competes in swim meets approximately twice a week. Swim team practice will begin on Tuesday, May 30th. Please remember that swim team is not a substitute for swim lessons. Encourage your child to take swim lessons also.

Early registration ends April 30th (additional \$10.00 fee after April 30th)

Return registration form & fee in the Glidden City office drop slot

Payable to City of Glidden - \$40.00 Aquatic Center member (membership paid at registration);
\$70.00 non member

Late registration ends Friday, May 26th

Swim Meet Schedule 2017

Tuesday, June 6– at Coon Rapids

Thursday, June 8– at Home Sac City

Tuesday, June 13 at Home Lake City

Thursday, June 15– at Manning

Tuesday, June 20– at Home Carroll

Thursday, June 22–at Home Guthrie Center

Tuesday, June 27-at Denison

Thursday, June 29– at Home Perry

Thursday, July 6 – at Jefferson

Saturday, July 15–Conference meet at Jefferson 11:00 am

Rain date is Sunday, July 16th



Glidden Swim Team - Summer, 2017

Fee: Payable to City of Glidden -\$40.00 Aquatic Center member (membership paid at registration);
\$70.00 non member

(Additional \$10 fee after April 30th)

Mail fee and form to: City of Glidden, P.O. Box 349, Glidden, IA 51443

Swimmer's Name _____

Age (as of June 1st) _____ Birth date _____ Grade Completed _____

Parent/Guardian Name _____

Street/City Address _____

Home phone _____ Daytime phone _____

E-mail Address _____

Medical conditions? _____

Waiver-I agree to assume full responsibility for any risk implicit or direct by participating in any activity or facility. The City of Glidden does not provide individual, team, or group accident insurance for participants in Parks and Recreation activities. The individuals mentioned above have my permission to participate. I also give permission for any photos, of these participants taken during the program, to be used for future Department promotional materials.

Parent/Guardian _____ Date _____

Member registration fee is \$40/non-member fee is \$70 per child if returned to the City Office by April 30th. No registrations accepted after May 26th. No refunds. May conflict with other recreation programs.

OFFICE USE: Received _____ Check _____ Cash _____ Amount \$ _____ Member # _____