

2019 FEE: \$40.00 member/\$70.00 non member /Due April 30<sup>th</sup>  
(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 28<sup>th</sup>. Please remember that swim team is not a substitute for swim lessons. Encourage your child to take swim lessons also.

Early registration ends April 30<sup>th</sup> (additional \$10.00 fee after April 30<sup>th</sup>)  
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 24<sup>th</sup>

## Swim Meet Schedule 2019

Tuesday, June 4– at Coon Rapids  
Thursday, June 6 at Home Sac City  
Tuesday, June 11– at Home Lake City  
Thursday, June 13– at Manning  
Tuesday, June 18–at Home Carroll  
Thursday, June 20–at Home Guthrie Center  
Tuesday, June 25– at Denison  
Thursday, June 27 – at Home Perry  
Tuesday, July 5– at Jefferson  
Saturday, July 13–Conference meet at Denison 11:00 am  
No Rain Date



---

## Glidden Swim Team - Summer, 2019

Fee: Payable to City of Glidden - \$40.00 Aquatic Center member (membership paid at registration);  
\$70.00 non member  
(Additional \$10 fee after April 30<sup>th</sup>)

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

Swimmer's Name \_\_\_\_\_  
Age (as of June 1<sup>st</sup>) \_\_\_\_\_ 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 30<sup>th</sup>. No registrations accepted after May 4<sup>th</sup>. No refunds. May conflict with other recreation programs.*

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