

# SWIM TEAM

The City of Glidden will be sponsoring the Glidden Swim Team for boys and girls 5-18 years of age (recommended to be able to swim the length of the pool). The team meets daily Monday, Wednesday, Friday for practice and Tuesday, Thursday for meets. Swim team practice will begin on Tuesday, May 27<sup>th</sup>. Please remember that swim team is not a substitute for swim lessons. Encourage your child to take swim lessons also.

Early Bird 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 2020

- Tuesday, June 2- at Home Jefferson
- Thursday, June 4 at Home Coon Rapids
- Tuesday, June 9- at Sac City
- Thursday, June 11- at Lake City
- Tuesday, June 16- at Home Manning
- Thursday, June 18- at Carroll
- Tuesday, June 23- at Guthrie
- Thursday, June 25 - at Home Denison
- Tuesday, June 30- at Perry
- Saturday, July 11- Conference meet at Guthrie Center Time TBD
- Rain Date - July 12, 2020



### Glidden Swim Team - Summer, 2020

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

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 # \_\_\_\_\_