



Hampstead Hammerheads Summer Swim Team 2018

Swim Assessments

(or by appointment)

May 9 @ 6pm

May 20 @ 4:30-5:30pm

All Parent Meeting

May 20 @ 6pm

Group Fitness Room

Registration Dates

Before May 15 **\$125**

May 16 - June 11 **\$145**

Requirements

6 year olds and under: must be able to swim at least half of the length of the pool by themselves.

7-8 year olds: must be able to swim 25 yards (1 length of the pool) freestyle without stopping

9-10 year old: must be able to swim 50 yards (2 lengths of the pool) freestyle without stopping and at least 25 yards of backstroke, breaststroke or butterfly without stopping

11-18 year olds: must be able to swim 50 yards (2 lengths) freestyle and backstroke without stopping.

All new swimmers must be assessed before joining. No assessment needed if current/returning swim team member.

Swim team is not a group lesson, we offer group lessons and private lessons at separate times. Swimmers need to be able to swim independently and be able to listen to the coaches during each practice.

Communication

REMIND APP - Text @hammerswim to 81010

- All team and pool updates will be sent out via this app, including inclement weather (lightning/thunder)

FACEBOOK - **Hampstead Hammerheads Swim Team**

Email - hampsteadhammerheads@coastalfitnessnc.com

Registration Fees:

\$125 if registered by May 15th

\$145 if registered after May 16th (Registration ends June 11 - no late or pro-rated registrations)

- Registration fee includes: swim cap, t-shirt, and pool use during scheduled practice times only
- 10% discount offered for 3rd, 4th, etc. swimmer in the same family

Team Swimsuits: (optional)

Toad Hollow Athletics

260 Racine Dr #6, Wilmington, NC 28403

(910)799-2799

Credit/Refund Policy: No refunds will be given. A credit may only be given if documented medical reasons prevent an individual's participation. There are no refunds or make-ups for missing practice days, unless Coastal Fitness Center has to close the pool/facility for repairs. Closing for weather (unless it is excessive - ex. hurricanes) may not result in a make-up day(s).

Membership

Summer Swim Team does not require a gym membership. Optional parent memberships are available:

1) Full Coastal Fitness Members will receive 3 months at a discounted rate of \$30 per month (June-Aug), 2) Swim Parent Membership - available at a discounted rate of \$90 paid in full (valid ONLY during the swim team session) with no registration fee (\$60 savings).

Online Registration

Follow the directions for online registration and sign the waiver. Please stop by the front desk to register or call 910-270-4044. <http://coastalfitnesscenternc.com/hampstead-hammerheads/>

All swimmers must have a signed Waiver and Release of Liability in order to swim.

Summer Swim Team 2018 Practice Schedules

May 29 - June 9 - TUES and THUR only until school is out

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	4:15-5:00pm 7-10 year olds		3:00- 4:00pm 7-10 year olds		
	5:00- 5:30 pm 6 and under		5:00- 5:30 pm 6 and under		
	5:45- 7:00 pm 11 and up		5:45- 7:00 pm 11 and up		

June 11 - July 21

No practice July 3, 4, 5 for Independence Day Holiday

- We recommend that swimmers come to at least 2-3 practices per week.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					9:00-10:00 am 10 and under
10:00- 11:00 am 11 and up		10:00-11:00 am 11 and up		10:00-11:00 am 11 and up	10:00-11:00 am 11 and up
3:00- 4:00pm 7-10 year olds	3:00- 4:00pm 7-10 year olds	3:00- 4:00pm 7-10 year olds	3:00- 4:00pm 7-10 year olds	3:00- 4:00pm 7-10 year olds	
4:00- 4:30 pm 6 and under	4:00- 4:30 pm 6 and under	4:00- 4:30 pm 6 and under	4:00- 4:30 pm 6 and under	4:00- 4:30 pm 6 and under	
4:45- 6:15 pm 11 and up	4:45- 6:15 pm 11 and up	4:45- 6:15 pm 11 and up	4:45- 6:15 pm 11 and up	4:45- 6:15 pm 11 and up	

(Schedules are subject to change, based on numbers and pool space needed)



Summer Swim Team Registration

Swimmer's Information

Member:

Non-Member:

Name: _____ Date of Birth (m/d/y): _____

Parent's Name: _____ Phone Number: _____

Home Address: _____ Email Address: _____

Known medical conditions (diagnosed/undiagnosed): _____

Parent/Guardian Signature: _____ Date: _____

Amount Paid: _____ Cash Credit Card Check Received by: _____

AQUATICS WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in Coastal Fitness Center Aquatics Programs and as consideration for the right to participate in any aquatics activities, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in any aquatics activities, and do hereby release and forever discharge Coastal Fitness Center located at 98 Quarter Horse Lane, Hampstead, North Carolina 28443, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned aquatics activities, including traveling to and from an event related to this aquatics activities

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED AQUATICS ACTIVITY AND I AM PARTICIPATING IN THE AQUATICS ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS AQUATICS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless Coastal Fitness Center against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Coastal Fitness Center incurs any of these types of expenses, I agree to reimburse Coastal Fitness Center.

INITIAL HERE: _____

Signature _____ **Date:** _____

Names of Minors (under 18 years old) and ages:
