



Swim Clinics: January - April 2026

BEGINNER

\$90/month**

2 days/week

Requirements:

Must be able to swim at least 25 meters freestyle and 25 meters backstroke each without stopping.
2 hrs in pool/week

Equipment needed: training suit, cap, goggles, water bottle, deck shoes

INTERMEDIATE

\$130/ month**

4 days/week

Requirements:

For existing swimmers: an invitation from this season's swim coaches.
For New swimmers: Schedule an assessment.
3 hrs in pool and 2 hrs dryland/week

Equipment needed: training suit, cap, goggles, water bottle, deck shoes, fins, lap swimmer snorkel

ADVANCED

\$150/ month**

4 days/week

Requirements:

For existing swimmers: an invitation from this season's swim coaches.
For New swimmers: Schedule an assessment.
4.5 hrs in pool and 2 hrs dryland/week

Equipment needed: training suit, cap, goggles, water bottle, deck shoes, fins, lap swimmer snorkel

****FOR NON-MEMBER'S THERE IS AN \$12.50 POOL FEE PER MONTH.****

PRACTICE SCHEDULE

Monday	Tuesday	Wednesday	Thursday	Friday
Intermediate 4:30-5:30	Beginner 4:30-5:30	Intermediate 4:30-5:30	Beginner 4:30-5:30	
	Intermediate/Advanced DRYLAND 4:30-5:30		Intermediate/Advanced DRYLAND 4:30-5:30	
Advanced 5:30-7:00	Intermediate 5:30-6:30	Advanced 5:30-7:00	Advanced 5:30-7:00	

Swim meets:

The swim clinic participants will not be participating in meets. We will be preparing our swimmers for the summer swim team season.

New Swimmer Assessments:

All new swimmers **MUST** come in for an assessment. This is an evaluation process that involves an individual interaction between a coach and your swimmer and ensures proper group placement. The criteria requirements for each group are listed below. These groups are ability and time based, not age group based. Swimmers must bring a swimsuit, goggles, swim cap (preferred), and a towel to the assessment as well as each practice. Options for private and group swim lessons are available upon request at the front desk for those wishing to join the swim team and are not quite ready.

[TO SCHEDULE AN ASSESSMENT, PLEASE EMAIL: SWIM@COASTALFITNESSNC.COM](mailto:SWIM@COASTALFITNESSNC.COM)

Hampstead
Hammerheads



Swim Team Clinic Assessment Requirements:

Beginner:

- Must be able to swim at least 25 meters in a working freestyle without stopping, or touching the bottom of the pool
- Must be able to swim at least ½ length on their back without stopping or touching the bottom of the pool

Intermediate:

- Must be able to swim 50 meters freestyle, without stopping
- Must be able to swim 50 meters backstroke, without stopping
- Swimmer must have a workable knowledge/skill of breaststroke or butterfly

Advanced:

- Must be able to swim 100 meters freestyle, without stopping
- Must be able to swim 100 meters backstroke, without stopping
- Must be able to swim 100 meters breaststroke, without stopping
- Must be able to swim 50 meters butterfly, without stopping
- Must be able to flipturn, and open turn

Registration Dates and Discounts:

January-April registrations open up November 14th.

- Register by November 28th- save 5% off **ONLY** when purchasing all 4 months.
- 10% discount offered for 3rd, 4th, etc. swimmer in the same family (only 1 discount may apply).
- **THERE WILL BE NO ADDITIONAL DISCOUNTS GIVEN.**
- **If your swimmer is unable to attend every practice each week, you will still need to register and pay full price for each level.**
- If your swimmer moves up a level during the season, you will need to pay the difference in price for the new level.
- Private lessons are available year-round if you feel like your swimmer needs more individualized attention. We also offer group swim lessons starting in February.
- Registration will be first come first served - when the roster is full, registration will close.

Swim Clinic Communication is as follows:

Email: swim@coastalfitnessnc.com

Group Me App: Hampstead Hammerheads

Dates to Remember: No Swim Team Practice/Holidays: (subject to change with notice)

November 14- Early Registration Begins

November 28 - Last Day for Early Registration

January 5 - Practices Begin

Required equipment for each practice:

Towel, Deck Shoes, Goggles, Swim Cap, Swimsuit (TYR, Speedo, and Nike, etc. are quality swim brands for suits/goggles)

Intermediate/Advanced swimmers will need fins and a lap swimmers snorkel. (Equipment can be purchased on Swimoutlet.com/Amazon)

***Swimmers will not be allowed in the pool for practice if they do not bring a towel.**

Small-Group Personal Training Opportunities:

Coastal Fitness certified personal trainers have created small group training opportunities for swimmers ages 10 and up at a special swim team rate. Working with a personal trainer in a group setting will keep training fun as well as motivating. Workouts will be focused on swim specific exercises as well as overall strength and core. This training is highly recommended by the coaches. More information at the front desk or email swim@coastalfitnessnc.com

Memberships

- **For non-members an additional POOL FEE of \$12.50/month will be required at registration.** These fees are only for pool use at the pre-set times, this does not include the usage of the gym or pool at any other moment.
- Parent Membership: discounted rate of \$5 off per month for either the 6- or 12-month option. NO registration fee. This membership must span the length of the season/clinic.
- Childcare is available for an additional fee. Please ask the front desk for more information or online at <http://coastalfitnesscenternc.com/pricing/>



2026 Coastal Fitness Hammerheads Swim Clinics Registration

Swimmer's Information

☐ Member☐ Non-MemberSwimmer 1: _____ Date of Birth: _____ Beginner ☐ Intermediate ☐ Advanced ☐Swimmer 2: _____ Date of Birth: _____ Beginner ☐ Intermediate ☐ Advanced ☐Swimmer 3: _____ Date of Birth: _____ Beginner ☐ Intermediate ☐ Advanced ☐

Medical Condition(s) (diagnosed/undiagnosed that coaches should be aware of) _____

Parent's Name(s): _____ Phone Number: _____

Address: _____ Email (*required): _____

2026 Swim Clinic Registration: **Opens November 14, 2024**

- Registration total: ☐ Nov 14-Nov 28 (5% 4 month enrollment) Amount paid: _____

- Pool Fee: Per Swimmer Amount paid: _____

Permission to run credit card: ☐ Total: _____ Received by: _____
(employee name)

Coastal Fitness Center Aquatics Refund Policy

Coastal Fitness Center has adopted a "No-Refund" policy with regards to all registration fees. There are no refunds or make-ups for missing practice days, unless Coastal Fitness Center has to close the pool/facility for repairs. Cancellations due to weather may not result in a make-up day(s).

The only exceptions to this policy include:

- In the event that the child was medically unable to participate in the sport he/she had registered for, a note from a doctor, on letterhead indicating that the participant cannot participate is required. (Excluding COVID-19)
_____ Initial here
- If a parent can provide proof that the child is moving more than 30 miles from Coastal Fitness Center.
_____ Initial here
- Under no circumstances will we issue a refund due to COVID-19 or natural disasters.
_____ Initial here

****In these cases you will receive a full refund minus \$50 administration fee.**

Coastal Fitness Center reserves the right to waive this Refund Policy at its sole discretion at any time. All requests must be presented in writing to the Aquatics Director. Such waiver shall generally be in response to extenuating or highly unusual circumstances, and in no event shall Coastal Fitness Center be obligated to waive this Refund Policy.

Initials: _____

Parent/Guardian Signature: _____ Date: _____



CFC 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.

RELEASE OF LIABILITY FOR COVID-19

WAIVER: In consideration of being allowed to participate in any way in this program, related events, and activities, I, the undersigned, acknowledge, appreciate, and agree that: I knowingly and freely assume all such risk, even if arising from the negligence of the releasers, and assume full responsibility for my participation. I willingly agree to comply with terms and conditions for participation. I HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS COASTAL FITNESS CENTER, AND/OR ITS EMPLOYEES.

By SIGNING this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and my child(ren) may be exposed to or infected by COVID-19 by attending Coastal Fitness Center and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Coastal Fitness Center may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Coastal Fitness Center employees and members and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with our attendance at Coastal Fitness Center or participation in Coastal Fitness Center programming. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Coastal Fitness Center, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Coastal Fitness Center, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after use of Coastal Fitness Center's facility or participation in any Coastal Fitness Center activity.

Parent Signature: _____ **Date:** _____

Names of Minors/Ages: _____