



COME PRACTICE WITH THE RIVERTOWN RAYS!!!!

**SPRING SWIM SESSION
April 02, 2012 – June 15, 2012**

Take advantage of the ability to practice with the Rivertown Rays Swim Team. This is an intensive eleven week session led by experienced coaches from the Rays Swim Team. The session focuses on continuing training for experienced competitive swimmers, and introducing competitive swimming techniques to new competitive swimmers. Stroke technique, starts and turns emphasized. Open to ages 6 – 18 years of age (*Swimmers **must** be able to swim front crawl for 50 yards – two lengths – of the pool without stopping*).

Practice Schedule:

(Swimmers can participate in any, or all, of their age-group practices listed below).

Monday: 5:00 – 6:30 p.m. (10 and under)
5:00 – 7:00 p.m. (11 and over)

Wednesday: 5:00 – 6:30 p.m. (10 and under)
5:00 – 7:00 p.m. (11 and over)

Friday: 5:00 – 6:30 p.m. (10 and under)
5:00 – 7:00 p.m. (11 and over)

Saturday: 5:00 – 6:30 p.m. (10 and under)
5:00 – 7:00 p.m. (11 and over)

Fees: \$575.00

REFUND POLICY

Program fees are refundable as follows: 50% if request is made within the first week, at the end of first week, no refunds will be available without a documented medical reason.

Where:

Pace University Pool, Pleasantville Campus, Goldstein Athletic Facility.

To Register:

Please fill-out the attached **registration/wavier form** and return **with your payment** to the following address:

Rivertown Aquatics

Attention: Eleni McClung

11 Holland Ave.

Sleepy Hollow, NY 10591

For more information please call Eleni McClung (914) 420-5537

REGISTRATION FORM
RIVERTOWN RAYS SWIM TEAM
SPRING SWIM SESSION & STROKE CLINIC
April 2th, 2012 – June 15, 2012

Swimmer Information:

Name: _____

Age: _____ Date of Birth _____ Sex: _____

Street Address: _____

City/State: _____

Day Phone: _____ Evening Phone: _____

E-Mail Address: _____

Previous Swimming Experience: _____

Payment Information: *(must accompany registration form)*

CHECKS: (Please Print)

Name: _____

Signature: _____

Check#: _____
(Make check payable to **Rivertown Aquatics**)

CCARD PAYMENT:(Please Print)

Name on Card: _____

Ccard # _____ CVC code _____

Exp date _____

Signature: _____

RELEASE, CONSENT AND WAIVER

Name of Participant (Please Print)

Residing at:

Address:

City, State, Zip Code:

I, the above-named Participant, hereby acknowledge that any athletic training or demonstration or participation program may involve certain risk to any participant, including, without limitations, those of death or injury to person or personal property. I hereby confirm that I fully understand these risks and voluntarily wish to participate in the swimming/training to be conducted, supervised, or endorsed by Rivertown Aquatics, Inc. at Pace University on April 2, 2012 to June 15, 2012. I fully understand and hereby acknowledge that the Event is not conducted, supervised, or endorsed by Pace University and that Rivertown Aquatics, Inc., is not in any way a partner or joint venturer of, otherwise connected to or controlled by, Pace University in consideration of my being permitted to Participate in the Event, I hereby agree to assume all the risks and responsibilities surrounding such participation undertaken as an adjunct thereto, including, without limitation, those of death or injury to person or personal property; and further, for myself, my heirs, personal representatives, and assignees, I hereby agree to defend, hold harmless, indemnify, release forever, and forever discharge Pace University, and all its trustees, officers, agents, and employees from and against any and all threatened and imposed claims, demands, and actions, or causes of action, on account of damage to personal property, or personal injury, or death which may result from the aforesaid participation and activities incident thereto. Further, it is hereby certified that the above-named Participant, has no medical or psychological conditions which would preclude such participation. I hereby authorize Pace University and Rivertown Aquatics, Inc through its authorized agents to secure for me an emergency medical treatment that becomes or that may become necessary as a result of my participation in the Event.

Date: _____

Signature of Participant: _____

Date: _____

Signature of Parent or Guardian (if Participant is underage 18):

Name and phone number to call in case of Emergency:

Name: _____ Relationship to Participant: _____

Telephone Numbers: Home Number - Work Number – Cell Number
