

**RADBURN'S SWIM TEAM NEWS AND REGISTRATION**

Radburn's swim team is open to all RADBURN children. First time swimmers are tested and placed according to their skill level, which is described below (see placement section).

**SWIM SUITS:** On **Tuesday, May 22<sup>nd</sup>**, Metro Swim Shop will be at the Grange from **5:00pm – 7:00pm**, for swim suit fittings for the swim team. Anyone who needs a Swim Team suit (solid navy suit with "Radburn" screen-printed on it – Flyback for girls and Jammers for boys) can come to the Grange Gym during that time to be fitted for a suit.

**\*\* A check payable to Metro Swim is required for the suit to be ordered \*\***

**PRACTICES:** Team practices before Playgroup begins will be at "B" pool Monday through Thursday evenings starting June 11<sup>th</sup> and ending June 21<sup>st</sup> from 6-7pm for 10 and under, and 7-8pm for 11-17 year olds. Susan Neggia will be assisted by experienced Water Safety Instructors during those hours.

**PLACEMENT TESTING FOR FIRST TIME SWIM TEAM HOPEFULS:** Tuesday, **June 5<sup>th</sup>** & Wed, **June 6<sup>th</sup>**, there will be testing for age 10 and under who have **NOT PREVIOUSLY** been on the swim team at 'B' pool, beginning at 6:00pm. Swimmers **ONLY** need to come to one day to be placed. Testing will result in one of the **following placements:**

1. If a swimmer can swim a complete lap (25 meters) at 'B' pool, he/she will practice with the Swim team as a "10 and under" swimmer.
2. If a swimmer can swim across the four lanes of 'B' pool, he/she will be assigned to Pre-Comp A.
3. If a swimmer can make it across the shallow end of 'B' pool from one side to the other without touching the bottom, he/she will be assigned to Pre-Comp B.

If your child is assigned to one of the three categories above, he/she must be registered for the Swim Team and payment of the **NON-REFUNDABLE \$32.00** registration fee must be made immediately.

On Monday through Thursday evenings from June 11<sup>th</sup> through June 21<sup>st</sup>, there will be swim instruction for all swimmers in categories 2 and 3 above from 6pm to 7pm. On June 21<sup>st</sup>, there will be tryouts for the Swim Team for these swimmers. Those who have improved to either category 1 or 2 will practice with the swim team. Those who do not progress beyond category 3 will continue in Playgroup lessons until they have achieved the proficiency to practice with the Swim Team. Any questions, please call Susan Neggia, Swim Team Head Coach, at 551-795-0031

**SWIM TEAM NEWS AND REGISTRATION**

**A \$32.00 REGISTRATION FEE (to Radburn Swim Team) MUST ACCOMPANY THIS FORM.**

Forms can be brought to the swim suit fitting on Tuesday, May 22<sup>nd</sup> from 5:00 – 7:00 pm. or mailed to:

**Kim Neggia, ATTN: Swim Team Registration, 11 Rutgers Place, Fair Lawn, NJ 07410, with the \$32.00 fee.**

**ONE FORM AND \$32.00 fee for EACH family member.**

NAME: \_\_\_\_\_ DOB \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ e-mail address: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Father's name: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ phone # \_\_\_\_\_

Any medical conditions we should know about: \_\_\_\_\_

In the event of an emergency, IF you are not available, whom should we call:

NAME \_\_\_\_\_ PHONE #s \_\_\_\_\_

My child: **MAY** \_\_\_\_\_ **MAY NOT** \_\_\_\_\_ walk home unattended from Swim Team practice.

My child will come home from Swim Team practice with: \_\_\_\_\_

In the event of an unanticipated cancellation or termination of a swim team practice, my child, \_\_\_\_\_

Has my permission to leave the pool area and walk home unattended **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Notification is required. Please notify the following person to pick up my child:

**NAME:** \_\_\_\_\_ **PHONE #s:** \_\_\_\_\_

**\*\*\* TRANSPORTATION IS NOT PROVIDED TO AWAY MEETS \*\*\***

**MEDICAL AUTHORITY:**

In the event that I am unable to be reached by telephone, I, the undersigned parent/guardian of the above-named minor, do hereby grant permission to any physician legally licensed to practice medicine or surgery, and/or to any legally constituted and operated hospital to perform, diagnosis, treatment, and/or surgery on the aforesaid minor child for any emergency illness or injury as deemed necessary by competent medical opinion.

Approval of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER OF LIABILITY:**

I hereby waive any claims against The Radburn Association, its agents and/or employees arising out of voluntary participation in this activity by my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

