

Sedgwick Community Pool Swim Team Information

The Sedgwick Community Pool would like to welcome BACK the Swim Team for the 2023 season. If you are wanting to enroll in the Sedgwick Swim Team, please complete the information on the second page and return it to either the **City Offices** or the **Sedgwick Community Pool**. Cost is \$60 per person (\$35.00 city registration fee, \$15.00 meet fee & \$10.00 t-shirt). Payments will be collected by Pool staff. No Credit Card payments accepted.

Dates and Times to Remember:

June 5th Sign-up sheets due

June 2nd - First day of Practice for **New Members**

June 5th - First day of Practice for **Returning Members**

Practices are held Monday through Thursday,
11 & up 9am to 10am
10 & younger 10am to 11am

Meet Dates:

June 19th
July 17th
July 24th
July 31st -- Championship

June & July meets will be at 6pm in Wichita at Aley Park.

Warm Ups begin at 5:30

Championship meet times will be different. Warmups begin at 8:30. Meet starts at 9:00 for younger age groups.

We are looking forward to another exciting and successful swim season.

If you have questions or are unsure about joining the Swim Team, please feel free to contact Swim Coach: Abra Thieme @ 316-650-6676 or email abrathieme@gmail.com

Swim Team Registration Form

Swimmer's Name:

Last _____ First _____

Date of Birth: ____/____/____ Swimmer's Age: _____ Male / Female

Street Address: _____

Parent(s) Names: _____ Phone: _____

Parent(s) Names: _____ Phone: _____

Hospital _____

Doctor _____

Medical Conditions/Allergies _____

Shirt Size:	Youth Small	Adult Small
	Youth Medium	Adult Medium
	Youth Large	Adult Large Adult X-Large

*Any additional shirts for family/friends \$10 per shirt.

Total shirts ordered. _____

Release:

I hereby release any Coach, Instructor, Sedgwick Community Pool and any person connected with the Sedgwick Swim team and the City of Sedgwick from any liability and responsibility for injuries or damages. I acknowledge the fact that _____ is physically able to participate in this activity, and I will assume full responsibility for payment of all medical expenses that might occur as a result of participation.

I, _____, give permission to the coaches to obtain any medical
(Parent name)
treatment necessary for the health and well being of my child, _____.
(Child name)

Parent Signature _____ Date _____

Amount Due \$35 Registration fee + \$15 Meet fee + \$10 T-shirt cost = \$60 total

Check # _____ Cash _____ Amount _____ Date _____

Forms can be dropped off at City Hall before May 27th after that date take to Pool