

# Sedgwick Community Pool Swim Team Information

The Sedgwick Community Pool would like to welcome BACK the Swim Team for the 2022 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:**

May 28th Sign-up sheets due

June 3<sup>rd</sup> - First day of Practice for *New Members*

June 6<sup>th</sup> - 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 20<sup>th</sup>

July 6<sup>th</sup>

July 25<sup>th</sup>

August 1<sup>st</sup> (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.

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

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

# 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. \_\_\_\_\_

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## 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 27<sup>th</sup> after that date take to Pool\***