

# SEAHORSE SWIM TEAM

## 2010-11 Winter Program

- I. Regular practice sessions – first practice date – Monday, October 18
- A. SST age group swimmers should follow practice calendar – Oct. 18. – Feb. 11
1. 9 –14 yr. olds – 5:45 to 7:15 PM (average 3 days per week)
  2. 8 & unders – 6:00 to 7:00 PM (maximum 3 days per week)
- B. Christmas holiday practice schedule will be
1. 9 to 14 yr. olds – 12:30 PM to 2:00 PM
  2. 8 & unders – 1:00 PM to 2:00 PM
- C. Practice expectations:
1. 9 to 14 yr. olds are expected to attend at least 3 practices each week ( 48 practices for the season) .
  2. 8 & unders are expected to attend at least 2 practices each week ( 32 practices for the season).
  3. Parents must talk to coaches when a swimmer will not be able to meet these requirements.
- D. Practice sessions will continue for all team members until the First Capital Swim League Championship Meet.
- II. Team Fees
- A. Age group swimmers ( 9 to 14 - \$200.00; 8 & under - \$150.00)
1. Included in the team fee is a swim cap and a team t-shirt
  2. Registration form must be completed before first practice session.
  3. Payment schedule and due dates
- |                | 9 –14    | 8 & under |
|----------------|----------|-----------|
| a. October 21  | \$100.00 | \$75.00   |
| b. November 12 | \$50.00  | \$50.00   |
| c. December 17 | \$50.00  | \$25.00   |
4. Monthly payments are due on the dates listed above. Full payments are due on October 21<sup>st</sup> . Two payments must be made prior to participation in the meet on November 20<sup>th</sup> .
  5. 8 & unders who request to practice more than three times per week will be charged the \$200.00 team fee.
- B. Please make payment using cash or check payable to Seahorse Swim Team by due date. Place payment in an envelope with name and what payment is written for on the front. Envelope may be given to Coach Sterner or Coach Mowery.

**Fall Parent's Meeting – Monday, September 20<sup>th</sup> – 7:00 PM**  
**EHMIS Cafeteria B**

**C. All team fees must be paid in full by January 21<sup>st</sup> in order to be eligible for the FCSL Championship Meet.**

D. There is a \$10.00 descending discount per child for multiple swimmer families which may be taken on the final payment.

E. Payments may not fall more than one month behind unless approved by the program director.

III. Awards Program

A. Team award – must meet the following standards

1. 9 – 14 – 40 practices minimum during the season  
8 & U. – 28 practices minimum during the season
2. Participate in 6 meets during the season
3. Complete the entire season and satisfy all team obligations.
4. Be recommended by the Coach.

B. Certificate of participation – must meet the following standards

1. 9- 14 – 28 practices minimum during the season
2. 8 & U.- 20 practices minimum during the season
3. Participate in 4 meets during the season.
4. Complete the entire season and satisfy all team obligations.
5. Be recommended by the Coach.

C. Record Holder certificate

1. Awarded to a swimmer or relay at the end of the season who has the fastest time ever swam by a member of the team in that event.
2. Must complete the entire season and satisfy all team obligations.
3. Be recommended by the Coach.

D. Medals - awarded at Invitational and All Star Meets

E. Ribbons – awarded at all dual meets, invitational meets, Championship meet

IV. Meet participation requirements

A. Swimmers must complete a total of 10 practices before they will be eligible to compete in their first meet.

B. Swimmers who have completed 10 practices are eligible for 2 meets if they are 9 to 14 and 3 meets if they are 8 & under.

C. Listed below are the minimum requirements:

Practices completed	meets earned	practices completed	meets earned
10	2	15/20	5
9/12	3	18/24	6
12/16	4	26/32	Championships

**October 2010**

**October 18 to October 21 – A & B**  
**October 25 to October 28 – A & B**

**October 22 – No practice**  
**October 29 – No practice**

**November 2010**

**November 1 to November 5 – A & B**  
**November 8 to November 12 – A & B**  
**November 15 to November 19 – A & B**  
**November 22 & November 23 – A & B**

**November 24 to November 26 – No practice**  
**November 13, 20 – scheduled meets**  
**November 27 – Trojan 10 & under Invitational**  
**November 2 – Team suit order/purchase night – 5:00 PM**

**December 2010**

**November 29 to December 3 – A & B**  
**December 6 to December 9 – A & B**  
**December 13 to December 17 – A & B**  
**December 20 to 22 – A & B**  
**December 27, 28, 29, 30, 31 – C & D**

**December 10 – No practice – SWHS meet**  
**December 16 – No practice – SWHS meet**  
**December 23 – No practice – SWHS meet**  
**December 4, 11, 18 – scheduled meets**

**January 2011**

**January 3 to January 7 – A & B**  
**January 10 to January 14 – A & B**  
**January 17 to January 21 – A & B**  
**January 24 to January 28 – A & B**  
**January 31 – A & B**

**January 27 – No practice – SWHS meet**  
**January 15, 22 – scheduled meets**  
**January 16 – Dover Pentathlon**  
**January 21 – Team picture night – 5:45 PM**

**February 2011**

**February 1 to February 4 – A & B**  
**February 7 to February 11 – A & B**

**February 3 – No practice – SWHS meet**  
**February 5 – FCSL Championship Meet**  
**February 12 – FCSL All-Star Meet**  
**February 15 – Team awards banquet – 6:00 PM**

**A – Monday & Wednesday – 5:45 to 7:00 PM – 9 through 14 yr. olds ( average 3 days per week)**  
**A – 5:45 to 7:15 PM – Tuesday, Thursday, Friday – 9 through 14 yr. olds ( average 3 days per week)**  
**B – 6:00 to 7:00 PM – 8 & unders ( maximum 3 days per week)**  
**C – 12:30 PM to 2:00 PM – 9 through 14 yr. olds**  
**D – 1:00 PM to 2:00 PM – 8 & unders**

**Seahorse Swim Team  
Winter 2010-11  
Registration Form**

Swimmer's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age (as of 12/01/10) \_\_\_\_\_

Parents \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

E-mail address \_\_\_\_\_

Treatment and Release Form

In allowing my child to swim for the Seahorse Swim Team, I release and hold harmless the South Western School District, Seahorse Swim Team coaches, volunteers, officers, and parent workers of any and all liability while my child participates in practices, meets, or any other activity associated with the Seahorse Swim Team.

I also give my permission to have my son/daughter treated by a physician or hospital in the event I am unable to be reached at the time treatment would be needed while participating with the Seahorse Swim Team.

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Number \_\_\_\_\_

List person  
My child is on the following medication \_\_\_\_\_

My child is allergic to \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**This form must be returned before the first practice. Swimmers will not be permitted to practice without a completed form.**