



LAMADRONA
ATHLETIC CLUB

Fall Swim Team

August 28th- October 30th, 2017

Group C: Tuesdays and Thursdays 3:00-3:30

Group B: Monday-Thursday 3:30-4:15pm, **Group A:** Monday- Thursday 4:15 – 5:15pm

The La Madrona Swim Team is a small, pre-competition team. Group C is for beginning level swimmers aged 4 to 6* who have had swim lessons and are comfortable swimming in the lap pool, but need more stroke technique. Group B is for intermediate level swimmers who will continue to work on stroke technique and build endurance. Group A is for returning team members aged 9 to 14* and for swimmers who have a working knowledge of the four competitive swim strokes. Focus will be on endurance, speed and technique. All swimmers must be able to swim one length of freestyle and be able to float on their backs. Focus will be on fun, stroke improvement and confidence building. This is a great opportunity to advance your skills and become a better swimmer for life.

*The ages are a general guide - a swim assessment may be needed to find the best group for your swimmer. Contact our aquatics director at cmclaughlin@caclubs.com for more information.

The fall swim team group A&B has practice 4x times per week for 10 weeks. Group C is 2x per week

Fall Swim Team	Group C	Group B	Group A
4 days per week		\$297.00 (\$371)	\$315.00 (\$394)
3 days per week		\$275.00 (\$344)	\$293.00 (\$366)
2 days per week	\$180.00 (\$225)	\$225.00(\$281)	\$242.00 (\$302)
1 day per week	\$90.00 (\$113)	\$112.00 (\$140)	\$158.00 (\$198)

Sign up by completing the registration form below and return to La Madrona Athletic Club.

Members may enroll online at www.lamadronaclub.com, under the swim team page.

Please contact the Club at 831.438.1072 ext. 104 for questions with member online enrollment.

Program space is limited to 18 spots per group/per day. Members' accounts will be billed. Non-members must pay the club in advance and have a completed guest waiver on file. Because La Madrona is a private club, non-members visiting the club for programming are not allowed use of the facility outside of their paid programming. Please wait for your class to begin before using the facility and use is not allowed after programming.

REGISTRATION FORM FOR FALL 2017 SWIM TEAM

Swimmer's Name _____ DOB: _____

Parent's Name(s) _____ Member# _____

Parent's Phone and Email _____

Days of participation (circle) M T W Th Group (circle) C B A

Emergency Contact Name and Number (other than parent) _____

Tell your coach about yourself

What are your swimming goals? _____

What is your favorite/best stroke? _____

What is your favorite aquatic animal? _____

Internal Use:	Paid Date _____	Initial _____	Roster _____
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