

WEST ARUNDEL SWIM TEAM
414 Forest Bridge Ct
Laurel, Maryland 20724
<http://WAWinter.venitsports.com>

12 March 2019

Dear Swimmers and Parents:

The schedule for the winter/spring swim program has been completed and our start date is Sunday, 17 March 2019!

Enclosed is the winter/spring registration form. If you are interested in swimming, please reply to this email so I can reserve you a spot in the program.

On Sunday March 17, 2019 please arrive at Fairland Aquatics Center by 6:45 pm (**Please enter the Facility from the Pool Deck Door next to the Parking Lot - There will be a Sign on the Door**) and bring your registration form – We will meet in the Lobby and then move to the Pool to Start practice. After practice make sure the swimmers take advantage of the Shower Facility (Bring Shampoo) – We will end practice at 8:00 pm – The swimmers can then shower so when they get home they are ready to go to bed.

The cost for the winter program is as follows:

- 2018 West Arundel Swim Team Member: \$40.00
- If you were not on the Summer Team (2017) or you did NOT pay your Summer Team Registration Fee: \$65.00
- Non-Team or Club Members: \$75.00

If you know of a swimmer who is interested in swimming with us, please give them my email address (dpws@aol.com).

Team Rules:

1. Listen to your Coach and Try as best as you can - All Swimmers will improve if they try.
2. Bring All Swim Equipment to Practice (Goggles, Towel, Etc.)
3. **Bring a water bottle to all Practices (Very Important)**
4. Have Fun!
5. Parents will NOT be Permitted to remain on the Pool Deck – Please drop off you swimmer and then watch from the Bleachers.

Weather Policy: If there is inclement weather - Check your Email... An Email will be sent by 4:00 pm to the email distribution list (developed from returned registration forms) if Practice is canceled due to Snow or Ice. Please DO NOT call the Pool!

Thanks,
Coach John Venit
(301) 725-7711
<http://WAWinter.venitsports.com>

West Arundel Winter/Spring Swim Team Information 2018

The West Arundel Winter/Spring Swim Team is open to swimmers who are interested in improving their swimming speed and ability. The Winter/Spring Practices will be made of all age groups - This includes 15-18 age group down to the 6 and Under age group.

Pool: Fairland Aquatics Center (Old Gunpowder Rd. Laurel)

Day & Dates: Sundays, March 17 – May 5, 2019

Time: 7:00 - 8:00 PM (Warm-Up 7:00 - 7:05 PM) - Please arrive at Pool by 6:45 pm

Costs: Make Checks Payable to **WAST**

West Arundel Swim Team/ Club Members:

\$40.00 / \$65.00

Non-Pool-Members:

Special Permission from Coach John Venit – is Needed....Fee: \$75.00 (Note: The reason for the higher cost for Non-members is because the program is sponsored and supplemented by the WA Swim Team.)

Prerequisites:

All Swimmers **MUST** be on a Summer Swim Team or willing to join...

Ages 6 and Up must be able to swim 25 yards.

Ages 5 and Under must be able to independently jump into water over their head.

All swimmers 5 & Under must have a big brother/sister on the West Arundel summer swim team OR approval must be granted by the WAST coach (Coach John 301-725-7711)

Formats:

- A. All experienced swimmers will be given an endurance work-out (approximately 1,500 to 3,000 yards) to help them improve their strength and stamina. Stroke and Turn instruction will be give as needed.
- B. All younger/inexperienced swimmers will spend approximately 10 minutes reviewing/learning a specific stroke, turn, start, finish or skill. We will then work for 15 minutes on what we learned. During the second half of the session we will swim and build up our endurance.
- C. If resources are available a “pull-out” session will be available to assist with diving and stroke correction.

| Date | Stroke | Date | Stroke |
|-----------------|----------------------------------|-----------------|-----------------------------|
| March 17 | Freestyle | April 21 | No Practice (EASTER) |
| March 24 | No Practice (Pool Closed) | April 28 | Butterfly |
| March 31 | Backstroke | May 5 | Butterfly/Breaststroke |
| April 7 | Free/Back | May 12 | All Strokes |
| April 14 | Breaststroke | May 19 | Make-Up (If Needed) |

***Due to Activities at the Fairland Aquatics Center – Swim Practice may be canceled without prior notice...An E-Mail will be sent if practice is canceled.**

Questions: Call John or Cherlynn Venit (301) 725-7711

website: <http://WAWinter.venitsports.com>

WAST Winter/Spring Registration Form 2019

Family Name: _____ Parent's First Names: _____

Phone # _____ Emer #: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ (Please give home email address)

| Swimmer | Date of Birth | Age |
|---------|---------------|-----|
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |

Registration Fees:

West Arundel Swim Team: \$40.00

West Arundel Club Members: \$65.00

OR

Non-Pool Members:

Permission from Coach John – Fee: \$75.00 (Swimmers not belonging to the West Arundel Swim Team/Club (Note: The reason for the higher cost for Non-members is because the program is sponsored and supplemented by the WA Swim Team.)

Please make check payable to WAST

Check Number: _____ Amount Paid: _____

HOLD HARMLESS CLAUSE:

I, the undersigned, parent/guardian, assume all risks and hazards incidental to participating in the Swim Team Program and do hereby waive, release, absolve, indemnify and agree to protect, defend and hold harmless the West Arundel Swim Team, its coaches, volunteers, and participants for any claim arising out of any injury to myself/child to the fullest extent allowed by law. I, the undersigned, parent/guardian of the participant(s), am fully aware of the potential dangers and risks inherent in this activity, including physical injury, death or other consequences that may arise or result directly or indirectly from participation in this activity. I further grant full permission to use, without recompense, any photographs, videotapes, motion pictures, recordings or any other record of this program for promotion of the West Arundel Swim Team.

I affirmatively certify that to the best of my knowledge, my son/daughter is in good mental and physical health and capable of participating in this activity. I have read and fully understand the contents of this "hold harmless" agreement and execute same voluntary.

Parent/Guardian Signature

Date