

**TROY RECREATION DEPARTMENT
2011 TROY TIDAL WAVES SWIM TEAM**

**AGES 6 - 18
at the Troy Aquatic Park**

**Tidal Waves Team Registration Meeting
Sunday, May 1 – 2:00pm
At Robinson Branch YMCA**

**PRACTICE BEGINS MAY 31
(ALL AGES WILL PRACTICE FROM 8:00-8:45 P.M. THE WEEK OF MAY 31 AND JUNE 1)**

**PRACTICE SCHEDULE BEGINNING JUNE 6th:
AGES 6-12 8:00-8:45 A.M. AND 8:00-8:45 P.M.
AGES 13-18 7:00-8:00 A.M. AND 8:45-9:30 P.M.
A.M. PRACTICE IS MONDAY THRU THURSDAY
P.M. PRACTICE IS MONDAY THRU WEDNESDAY**

PRACTICE WILL BEGIN IN THE EVENING ONLY UNTIL TROY SCHOOLS ARE OUT

FOR MORE INFORMATION: www.troytidalwaves.com

NOTE: CHILD NEEDS TO BE ABLE TO SWIM 25 YARDS TO PARTICIPATE

Name _____ Male/Female

Address _____
(street) (city) (zip)

Phone _____ Birthdate _____ Age _____

We will be utilizing text message alerts and e-mail messages to update parents and swimmers. Which phone number would you prefer to be contacted at? _____

Parent's Name _____

E-Mail Address _____

**REGISTRATION FEE: _____ \$40.00 (Troy Aquatic Park Season Pass Holder)
_____ \$55.00 (Non-Pass Holder)
_____ \$65.00 (Late registration fee after May 2nd registration deadline)**

WAIVER AND RELEASE

We, the undersigned, do give permission for our son/daughter to participate on the Tidal Waves Swim Team. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the Swim Team Program. I grant and give the City of Troy the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes included, but not limited to, private or public presentations, advertising, publicity and promotions.

Date _____ Signature _____
(Parent or legal guardian)

REFUND POLICY: The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of the area before the program starts
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.
4. Participant is unable to swim one length of the pool. Participant must request refund in writing by June 1 of current swim season and be approved by the Troy Tidal Waves Head Coach and Pool Manager.

2011 TROY TIDAL WAVES SWIM MEET SCHEDULE

**TIDAL WAVES SWIM TEAM REGISTRATION MEETING
SUNDAY, MAY 1, 2011 – 2:00 P.M.
@ ROBINSON BRANCH YMCA**

**PRACTICE WILL BEGIN IN THE POOL MAY 31st IN THE EVENING ONLY
UNTIL TROY SCHOOLS ARE OUT:
MONDAY THRU WEDNESDAY
AGE 13 & UP – 7:00-8:00 A.M. AND 8:45-9:30 P.M.
AGE 12 & UNDER – 8:00-8:45 A.M. AND 8:00-8:45 P.M.**

*SATURDAY	JUNE 11	BELLEFONTAINE <u>AT</u> TROY	8:30 A.M.
*SATURDAY	JUNE 18	BOTKINS <u>AT</u> TROY	8:30 A.M.
*SATURDAY	JUNE 25	VERSAILLES <u>AT</u> TROY	8:30 A.M.
*THURSDAY	JUNE 30	TROY <u>AT</u> TIPP CITY	6:00 P.M.
*SATURDAY	JULY 9	MINSTER <u>AT</u> TROY	8:30 A.M.
SATURDAY	JULY 16	CHAMPIONSHIPS AT VERSAILES	TBA
SUNDAY	JULY 17	RAINDATE FOR CHAMPIONSHIPS	

Swimmers must be registered at the Troy Recreation Department's office (Hobart Arena) to be eligible to swim at any practice or meet.

***Designates league meets - swimmer must have participated in two (2) league meets to be eligible for Championship meet.**

Additional meets may be scheduled.