



WINTER SWIM LEAGUE



Please mail the application below by Jan. 5th with a check payable to MOR for \$185 per participant to:

Marlins of Raleigh Fall Swim League
4900 Waters Edge Drive
Suite 200
Raleigh, NC 27606
www.marlinsofraleigh.com

WSL Application

Applicant's Name _____

Date of Birth ___/___/___ Age as of 1/01/10 _____

Parent's Name/s _____

Applicant's Address _____

City/State/Zip _____

Home Phone No.: _____

Emergency Contact: _____

E-Mail Address: _____

Participant's T-Shirt Size (circle preference):

Youth-Medium Youth-Large Adult-Small
Adult-Medium Adult-Large

The attached **waiver form** is required of all participants in the WSL program and should be returned with this application and payment.

WSL Class Dates — St. Mary's Site

Location: 900 Hillsborough St. (see web directions)

PLEASE CHECK SITE & GROUP PREFERENCE

GROUP A

Monday/Thursday
Jan 11/14
Jan 18/21
Jan 25/28
Feb 1/4
Feb 8/11 (meet)
Feb 15/18
Feb 22/25
March 1/4
March 8/11
March 15/18
March 22 (meet)

GROUP B

Wednesday/Friday
Jan 13/15
Jan 20/22
Jan 27/29
Feb 3/5
Feb 10/12 (meet)
Feb 17/19
Feb 24/26
March 3/5
March 10/12
March 17/19
March 24 (meet)

MOR's **Winter Swim League** is a super-fun opportunity to learn competitive swimming skills over an 11-week period for swimmers between ages 6-13. The **Winter Swim League** will be offered at two sites:

1. St. Mary's School (STILL HAVE OPENINGS)

- ◆ A: Mondays (7:15-8:00pm) & Thursdays (6:45-7:30pm)
- ◆ B: Wednesdays (7:15-8:00pm) & Fridays (7:15-8:00pm)

2. Millbrook Pool (CLASS IS NOW FULL)

- ◆ Tuesdays (5:15-6:00pm) & Thursdays (5:15-6:00pm)

Directions to these two sites are available on the MOR web-site. All participants must be able to swim 25 yards unaided prior to enrolling in this program. Two competitions will be held during the 11-week period amongst the participants.

Highlights of the Winter Swim League are:

- ◆ Coaching tips on technique
- ◆ Individual attention
- ◆ Instruction on starts and turns
- ◆ Convenient locations
- ◆ Seasonal program flexibility

Participants in the **Winter Swim League** will each receive a special swim cap and a t-shirt during the program. Each of the three groups offered will be limited to the first 45 participants to apply. Please note that due to the popularity of this program, no refunds can be granted on cancellations received after December 20, 2009. Applications are due Tuesday, January 5, 2010.

Questions about the **Winter Swim League** can be directed to Jonathan Watson at 851 -3000 or 01silversurfer@bellsouth.net.

WSL Class Dates Millbrook Site

Location: 1905 Spring Forest Rd. (see web directions)

MILLBROOK SITE

Tuesdays/Thursdays

Jan 12/14
Jan 19/21
Jan 26/28
Feb 2/4
Feb 9/11
Feb 16 (meet)
Feb 23/25
March 2/4
March 9/11

SITE FULL



COMING SPRING 2010
MOR IN MAY

Marlins Of Raleigh Swim Team



WAIVER/RELEASE OF LIABILITY

*PLEASE READ CAREFULLY BEFORE SIGNING.
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.*

I, _____, **the enrolled participant and/or the parent/guardian** of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in the MOR Winter Swim League (WSL) Program and hereby agrees to indemnify and hold harmless the Marlins Of Raleigh Swim Team, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the MOR WSL Program. The participant also agrees to indemnify the Marlins Of Raleigh Swim Team for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Marlins of Raleigh Swim Team to have the participant treated in any medical emergency during their participation in the MOR WSL Program. Further, the parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of this form any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____
(Participant or Parent/Guardian)

Date: _____

Signed: _____
(Participant or Parent/Guardian)

Date: _____