

WINTER SWIM LEAGUE



Please mail the application below with a check payable to MOR for \$200 per participant to:

Marlins of Raleigh Winter Swim League (WSL)
4900 Waters Edge Drive
Suite 200
Raleigh, NC 27606
www.marlinsofraleigh.com

WSL Application

Applicant's Name:

Parent's Name/s:

Applicant's Address:

City/State/Zip:

Date of Birth: Age as of 1/10/12

Home Phone No:

Emergency Contact:

E-Mail Address:

Previous Summer Swim Team Experience: YES or NO
If YES, which summer swim club:

The waiver form is required of all participants in the FSL program and must be signed and submitted by all participants before starting in the program.

Winter Swim League Class Dates:

CHECK GROUP PREFERENCE

ST. MARY'S A ST. MARY'S B MILLBROOK

Mon & Wed	Tue & Thu	Tue & Thu
JAN 9 & 11	JAN 10 & 12	JAN 10 & 12
JAN 16 & 18	JAN 17 & 19*	JAN 17 & 19
JAN 23 & 25	JAN 24 & 26*	JAN 24 & 26
JAN 30/FEB 1	JAN 31/FEB 2	JAN 31/FEB 2
FEB 6 & 8	FEB 7 & 9	FEB 7 & 9
FEB 13 & 15	FEB 14 & 16	FEB 14 & 16
FEB 20 & 22	FEB 21 & 23	FEB 21 & 23
FEB 27 & 29	FEB 28/MAR 1	FEB 28/MAR 1
MAR 5 & 7	MAR 6 & 8	MAR 6 & 8
MAR 12 & 14	MAR 13 & 15	MAR 13 & 15
MAR 19 & 21	MAR 20 & 22	MAR 20 & 22

* start times may be slightly later due to swim meet at site.

MOR's Winter Swim League is a super-fun opportunity to learn competitive swimming skills over an 11-week period for swimmers between ages 6-14. The 2012 Winter Swim League will be offered at two sites:

1. **St. Mary's School**
Session A-Mondays & Wednesdays—7:15-8:00pm
Session B-Tuesdays & Thursdays — 6:45-7:30pm
2. **Millbrook Pool**
Tuesdays, Thursdays—5:15-6:00pm

Directions to these two sites are available on the MOR website. All participants must be able to swim 25 yards unaided prior to enrolling in this program. Two meets will be held during the session amongst the participants.

Highlights of Winter Swim League include:

- ◆ Coaching tips on technique
- ◆ Individual attention
- ◆ Instruction on starts and turns
- ◆ Convenient locations
- ◆ Preparation for swim team participation
- ◆ Seasonal program

Participants in the Winter Swim League will each receive a special swim cap as well as a participant's prize. Please note that due to the limitations on the size of this program, no refunds will be granted on cancellations requested after December 20, 2011.

Questions about the 2012 Winter Swim League can be directed to Darryl Buda darrylbuda@gmail.com or by phone at (919) 851-3000. Due to the popularity of this program, please return applications promptly as the class size is limited and is expected to fill quickly. Applicants will be notified of their acceptance to the program via email the week of December 19th.

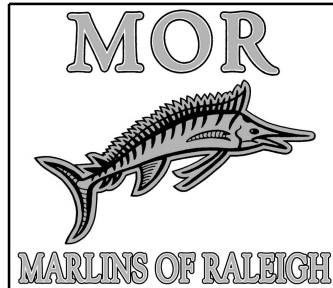


Please note that if pool conflicts develop during the course of the program due to circumstances beyond our control, MOR will reschedule any classes cancelled. Please be sure to clearly indicate your site preferences by checking the appropriate blocks to the left.



Coming Your Way In April/May 2012

Marlins of Raleigh Swim Team WINTER SWIM LEAGUE PROGRAM PARTICIPATION WAIVER



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 waiver 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: _____