

CLEARVIEW DOLPHINS SWIM TEAM 2019

Summer is quickly approaching, which means our swim team will be starting its 2019 season! Any child between the ages of 5-17 is invited to swim on the team, **even if the child has no formal swim experience**.

Practices are held from 10-11 am (Intermediate & Advanced) and 11-11:45 (Beginners) Monday thru Friday during the month of June (start date is June 17th). Once swim meets begin, there will be **no practices on days of meets**. Swimmers are asked to bring goggles, a water bottle and a towel to practice. Swim caps are good to have, but not required.

Sign-ups for this season will be via mail only. Please return the completed form and payment by June 1st to:

Clearview Swim and Health Club, ATTN: Dolphins

PO Box 1111

Aliquippa PA 15001

Swimmers must be registered pool members.

The cost will be \$40 for one swimmer, \$70 for two swimmers and \$10 for each additional swimmer after two. These fees go to the swimmers' end-of-year gifts, banquet, coaching and league fees. We are excited to have Blair Drake as our Head Coach this year. As in past years, we encourage all older swimmers to assist Coach Drake and her helpers by staying after to help with the younger swimmers' practice.

If any parent works at a company or knows of a company that may be willing to be a Clearview Dolphins Swim Team sponsor, or would like to be a Family Sponsor, please enclose a check to the "Clearview Swim Team" in the amount of \$50 with "Sponsor" written in the memo. Please enclose a business card/logo too. The business or family name will be displayed on a 2'x3' vinyl banner and proudly displayed at the pool all summer long for everyone to see, and they will also be announced a few times during home swim meets.

The tentative Swim Meet dates will be July 9, 11, 16, 18, 23. The make-up date is tentatively set for July 25.

The teams in our conference are Treehaven, Chanticleer, Chapel Valley, Woodland and Wyngate. We will have approximately two Home meets and three Away meets.

Please fill out the form and enclose a check written out to the Clearview Swim Team and mail it to the above address by June 1st. See you at practice June 17th!

GO DOLPHINS!

Tracey Duncan

Clearview Swim Team President



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NAME	AGE	DATE OF BIRTH
Swimmer 1:		
Parent's Name:		
Address:		
Cell Phone #1:	Cell Phone #2:	
Email:		

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