



## MASK 2014-2015 season

Season dates: Sept 15th- March 8<sup>th</sup> (TBA Championships)

Practice times:

Healthtrax, Hanover      Mon & Wed 6-7pm  
Sat. 8-9 am

Percy walker pool, Duxbury Tues & Thurs 7-8pm or 8-9pm or 7-9pm

(Space is limited-practice times is first come/first serve)

\*you may choose 2 different practice locations and combine  
as long as specified on registration forms.

(No practice over school vacation or holidays and holiday wknds)

Prices:

2 day/1 hr practice option (min) \$660

2 day/2 hr practice option \$810

3 day/1 hr practice option \$735

4 day/ 1 hr practice option \$810

5 day/ 1-2 hr combo practice option \$960.

\*High School payment options: 1/2 off practice option.

3rd sibling discount: 40% off

4th sibling discount: 50 % off

### **Fees are non refundable**

Pay by check:

Checks made payable to MASK and please download forms  
and mail w/ payment to:

Lauren McGonagle  
45 juniper Rd  
Marshfield, Ma 02050

**\*\*PAYMENT/FORM DUE NO LATER THEN SEPT. 1ST\*\***



League: MASK participates in SEMSL (south eastern mass swim league)  
Meet schedule: TBA but please be prepared for swimmers to participate in 4-5 league meets spread out from sept-march  
Championships: SEMSL champs will be held either 1st or 2nd wknd in Nantucket. Details will follow. In order to be eligible for champs, swimmers must participate in 3 league meets.  
Equipment: swimmers must have cap and goggles and flippers for practice  
Team suit is required, and we will be sizing and ordering suits the first couple weeks of practice

USS Swimming option: we will be inviting certain swimmers 9/10 yrs old and up to participate in some USS meets. Please know that these meets are optional and will include some added fees.

\*Please see attached forms you will need to fill out in order to register as a USS swimmer.

Head Coaches:

Lauren Walsh Mcgonagle [coachlauren@maskswim.com](mailto:coachlauren@maskswim.com)  
[781-500-0281](tel:781-500-0281)

Elizabeth "Boopa" Walsh  
[Coachboop@maskswim.com](mailto:Coachboop@maskswim.com)  
[781-500-9177](tel:781-500-9177)

We are looking forward to another successful season and our mission is to provide self-confidence, fun, team unity, leadership and discipline to our swimmers. Any questions or comments please contact either Lauren or Boopa

GO MASK!!



## 2013-2014 Registration Form

Swimmer's name:

Age as of Nov. 1st:

Birthdate:

Parent or Guardian:

Address:

Phone number:

Email:

Circle Choice of practice days:

\*Please note you may choose to mix practice days at either facility.

For example: Monday at Healthtrax and Thursday in Duxbury  
Hanover/Healthtrax

Mon/Wed 6-7pm

Sat. 8-9am

Percy Walker/Duxbury

Tues/Thurs 7-8pm 8-9pm or 7-9pm

Number of days practicing:



## 2014-2015/Waiver

I hereby for myself, my heirs, executors and administrators waive and release any and all right and claims for the damages I may have against MASK and their agents for any injuries suffered by me while competing and traveling to and from practice and swim meets. I attest that I am physically fit to compete in said activities.

Name of Swimmer:

Signature of parent/guardian:

Date:

Emergency contact:

Allergies or any known medical condition we should be aware of: