

Stingrays Swim Team

Stingrays is a youth pre-competitive swim team for ages 6-18 years old focusing on stroke development, fitness, introduction to competition and being part of a team. Swimmers have the option to compete in our monthly swim meets with other county recreational swim teams, as well as our two championship meets.

Stingrays Prep School:

- A bridge between Level 5 of our swimming lessons and our recreation swim team, the Stingrays, this series of approximately eight 30-minute classes will be taught on Tuesday and Thursday evenings by a Stingrays coach.
- This class is a pre-requisite for students who want to join the team but have no previous competitive swim team experience. Must complete level 5 swim lessons or demonstrate equivalent skills.
- Students will learn skills specific to competitive swimming such as racing dives, turns, interval swimming, and they will gain endurance.

Sign up dates and prices can be found on our swim lesson flyer.

Swimmers with previous swim team experience who want to join the team need to come the first week of the month to demonstrate the required skills. The swimmer will be placed in the following groups according to skill level.

Group One: Swimmer must recognizably demonstrate 25 yards of the following strokes: Freestyle, Backstroke and Breaststroke.

Group Two: Swimmer must confidently and consistently swim 50 yards of the following strokes; Freestyle, Backstroke and Breaststroke and 25 yards of Butterfly using proper timing and breathing technique for all strokes.



Practice Schedule: (monthly)

January 3—January 26 *
 January 30—February 25 *
 February 27—March 23
 March 27—April 8 (2 weeks)
 April 24—May 18

Group One

Mon—Thurs
 5:00—6:00pm

Group Two

Mon—Thurs
 6:00—7:00pm

Pricing Information:

3 days/ week: \$42.00 per month
 4 days/ week: \$56.00 per month
 (March/April — 1/2 price)

*A Late fee of \$5.00 applied to all registrations taken after the 10th of each month.

*Choose how many days per week you would like to practice and which days fit your schedule best.



Gene Fullmer Fitness Center
 8015 South 2200 West
 West Jordan, Utah 84088
 385-468-1951
www.slco.org/recreation/genefullmer



For inclusion opportunities for people with disabilities, contact Ashley at 385-468-1520 or

abowen@slco.org

Name of Participant: _____ Birthdate: _____ Age: _____

Address: _____ City: _____ Zip: _____

Parent or Guardian: _____ Home Phone: _____ Work Phone: _____

Parents Email: _____

Emergency Contact (other than Parent or Guardian): _____ Phone: _____

Any Medical Conditions To Be Aware Of: _____

Parental/ Participant Statement of Agreement Assumption of Risk, Liability Release, Indemnification and Refund Policy

1. **Release & Indemnification:** I hereby recognize and acknowledge my child's participation in recreational activities may involve bodily injury and/or emotional injury to myself and/or my child. In consideration of my child being able to participate in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive, and discharge Salt Lake County, and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Salt Lake County, that may result from my child's participation in Salt Lake County Parks & Recreation activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child's participation.

2. **Refund Policy:** As per Salt Lake County policy and procedures, the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. All refunds must be requested in person and accompanied with a written refund request. No refunds shall be given after the first day of the program.

3. **Collections:** I agree to pay Salt Lake County all costs incurred, together with reasonable attorney's fees in the event that my account is referred to the Salt Lake County Attorney's Office for collection. I understand that any account delinquent 30 days or more will be turned over to the Salt Lake County Attorney for collection.

4. **Emergency Treatment:** I hereby authorize Salt Lake County Parks & Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will pay for such emergency treatment.

5. **Equal Opportunity:** Salt Lake County Parks & Recreation provides equal opportunity to participate regardless of race, creed, or gender, and will, upon request, provide reasonable accommodations to individuals with disabilities.

6. **Media Consent:** I hereby grant permission to Salt Lake County (SL County) to use my or my children's Photograph, Videotaped Image, Quotes/Comments, Name for publicity and educational purposes in any and all publications and media without limit or reservation.

By signing this assumption of risk, liability release, indemnification and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosures, and that I agree to its terms.

Name of Participant: _____ Date _____

FOR OFFICE USE ONLY	RECEIPT #:	AMOUNT:	DATE:	BY:
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