



Lincoln Rails / YMCA Summer Swim Team

A Comprehensive Swim Team for All Swimmers on the Southside, Carlisle and Norwalk

Ages 5-18 years (This is a competitive swim program – participants must be able to swim one length of the pool)

When START Date: Monday, June 4th, 2012
END Date: Saturday, July 21st, 2012

Scheduled Practice Days: Monday-Thursday at Lincoln High School

Scheduled Practices Times: See below for available options.

Choose either AM or PM practice per day

Swim Meets: Occur on Monday evenings. We will send out the schedule once it is set.

Advanced Practices: Prior approval is required to practice at the Advanced level. You must contact Coach Weber before registration to obtain prior approval. New swimmers will start in their age-group and may move to an advanced practice, if deemed necessary.

Morning Practice Time Slots:

- 1) 7:00-8:30 a.m.: High School (only option for HS Swimmers)
- 2) 8:30-9:30 a.m.: **Advanced** Elementary and Middle School Swimmers
- 3) 9:30-10:30 a.m.: Elementary Swimmers (age 5 through 5th grade)
- 4) 10:30-11:30 a.m.: Middle School Swimmers (6th through 8th grade)

Evening Practice Time Slots:

- 5) 5:15-6:15 p.m.: Elementary Swimmers (age 5 through 5th grade)
- 6) 6:15-7:15 p.m.: **Advanced** Elementary and Middle School Swimmers
- 7) 7:15-8:15 p.m.: Middle School Swimmers (6th through 8th grade)

Grade Level: The grade level is determined by what grade the swimmer is going to be in this fall.

Where Lincoln High School
Fee \$120 (YMCA Members & Non-members) *Includes all meet fees, dues, and ONE LHS swim cap

Registration Deadline: Monday, May 7th, 2012

Contact Brayton Weber - Brayton.Weber@dmschools.org

Team Meeting: Informal walk through team meeting on Tuesday, May 15th at 5:30pm. Here you can pay/pick up optional team suits, goggles, get information, talk with coaches, and get individuals swimmer picture.

Please complete the Registration Form and submit with payment to the South Suburban YMCA.

Visit us online at: www.railswimming.com

SOUTH SUBURBAN YMCA

401 E. Army Post Road Des, Moines 50135

P 515 285 0444 www.southsuburbanymca.org



Lincoln /YMCA Swim Team Registration Form

Swimmer's Name	Birthdate	Practice # Chosen	Size of T-shirt (S-XXL) (include youth(Y) or adult(A))

Mothers name: _____

Fathers Name: _____

Mothers Work Phone: _____

Fathers Work Phone: _____

Mothers Cell Phone: _____

Fathers Cell Phone: _____

Mothers Occupation: _____

Fathers Occupation: _____

Mothers Email: _____

Fathers Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Alt Phone: _____

Medical Conditions:

In my absence and in the event of physical injury to my child(ren), I hereby allow my child(ren) to be treated by a physician or other medical personnel. To properly treat a physical injury, this may mean using ambulance and hospital services in the local area where the injury was sustained.

X _____ Date: _____

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