

MARION SWIM TEAM



COME JOIN US
FOR AN AWESOME SEASON

Swim Team **Parent's Meeting on Tuesday, May 2nd, at 7 p.m.** at the Sports & Aquatic Center
Registrations due May 17th to Marion Parks & Rec Office. **First practice is May 31st.**
Registration forms at the Marion Parks & Rec Office, Sports & Aquatic Center, or at:
www.marionparksandrec.com
Coach Mackenzie: mackenziebilbrey@tabor.edu
(574)-238-9766

MARION SWIM TEAM 2017 INFORMATION SHEET

COACHES:

Mackenzie Bilbrey (574)-238-9766

Josh Clevenger (817)-507-5084

GOALS:

1. LEARN & IMPROVE COMPETITIVE STROKES
2. EXERCISE & INCREASE STRENGTH THROUGH SWIMMING AND EXERCISES!!
3. BE PART OF A TEAM!!
4. HAVE FUN!!!

PRACTICE:

FIRST DAY OF PRACTICE – Wednesday May 31st.

Regular Practices – Monday, Tuesday, Wednesday, Thursday and Friday

One Sessions Daily from 9:30-10:30am

MEETS:

SCHEDULE: ALL SWIM MEETS ARE ON SATURDAYS @ 9:00 A.M.

June 10th @ Hillsboro (Marion and Council Grove)

June 17th @ Marion (Hillsboro and Abilene)

June 24th @ Peabody (Marion and Herington)

July 1st @ Hesston (Marion and Peabody)

July 8th @ Marion (Solomon, Peabody, Abilene)

July 15th League Meet @ Hillsboro

League Information: MID KANSAS SWIM LEAGUE

TEAMS INCLUDE: PEABODY, HESSTON, LINDSBORG, SOLOMON, HILLSBORO, ABILENE, COUNCIL GROVE, HERINGTON and MARION.

There are separate BOY & GIRL Divisions.

Age Groups are: 8 & under, 9-10, 11-12, 13-14 and 15-18. (Age as of June 1st)

All nine teams will compete in the League Meet.

League is a Championship Meet in which each team may only enter 3 swimmers per individual event and 2 relays per relay event. Best times will be recorded throughout the season to determine the League Championship Meet Entries for our Marion Swim Team.

The MKL Order of Events are as follows: Distance Freestyle Medley Relay Butterfly Backstroke Short Freestyle Breaststroke Freestyle Relay Individual Medley

MARION SWIM TEAM 2017 INFORMATION SHEET COMMUNICATION: A weekly newsletter will be distributed throughout the season. Please be certain to read it as it will contain important information about meets and other happenings.

HELP: I have been informed that parent support in the past has been amazing, and I look forward to working with all of you. Please let the coach know ahead of time if a swimmer will not be at a meet. Consistent practice attendance leads to improved performance; however, it is summer. Parents are encouraged to attend the meets to help aide in supervision and provide enthusiasm.

LOTS OF HELP WILL BE NEEDED AT OUR HOME MEETS ON JUNE 17TH and JULY 8TH!

There will be a signup sheet weeks prior to the meets.

REGISTRATION: Registrations are due by May 17th, and may be dropped off at the Parks & Recreation Office.

TEAM ATTIRE: Coaches will get swimsuit information to parents. Thank you.

*The registration fee for swimmers is \$30.00 per swimmer. Please make check payable to: City of Marion.

MARION SWIM TEAM REGISTRATION FORM

Swimmer: _____ Birthdate ____/____/____ Age _____
Name/s (First) (Middle) (Last)

Swimmer: _____ Birthdate ____/____/____ Age _____
Name/s (First) (Middle) (Last)

Swimmer: _____ Birthdate ____/____/____ Age _____
Name/s (First) (Middle) (Last)

Swimmer: _____ Birthdate ____/____/____ Age _____
Name/s (First) (Middle) (Last)

Preferred form of communication

Parent/Guardian Name: _____ Address: _____

Phone Numbers: _____ / _____ / _____ Email: _____
Primary # (Home) (Work) (Cell)

_____ / _____ / _____
Alternate # (Home) (Work) (Cell)

Are there any medical conditions (such as asthma) the coaches should be aware of concerning your child and/ or children? Please explain: _____

TO WHOM IT MAY CONCERN: In the event that the above-named swimmer is taken to an emergency room or medical facility and in need of treatment in my absence from attendance at practices, meets, events, or activities, this swimmer's coach or any employee of the City of Marion Parks & Recreation has my consent to authorize treatment for this player by the doctor(s) of their choosing as the doctor(s) may deem necessary. I, the undersigned, do hereby acknowledge that I have given the above named swimmer(s) permission to participate in the above named Marion Swim Team with full knowledge of the risk involved. I hereby agree to assume those risks and will not hold the City of Marion, USD 408, team sponsors, coaches, and all representatives liable for any injury, harm or complications resulting from said participation in this program. Furthermore, I do assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by the above-named swimmer while participating with the Marion Swim Team.

Parent/Guardian Signature:

_____ Date: _____

Please return completed registration form and \$30.00 registration fee per swimmer to Marion Parks & Rec by **May 17th**. Make checks payable to: City of Marion. You may drop forms and fees by the Marion Parks & Rec Office or the City of Marion Office.

Thank You!!