

Belmont Summer Swim Team

At the Underwood Pool

Ages 5 and up

Begins July 12-end of August



Important Information

Practices Tues, Wed, Thurs mornings at the Underwood Pool, 8-9 a.m.

Meets against the Belmont Hill Club and the Oakley Country Club. Schedule TBA.

You will need a bathing suit, cap and goggles

Registration:

Fee: \$125.

Begins 9 a.m. Monday, April 4 through Friday, April 15 at 4 p.m. online or with this form.

Maximum of 50 swimmers...if we get more applicants then we will have a lottery to choose the team.

Help us name the team! Put your idea here: _____

Minimum Requirements: Children ages 8 and under must be able to swim 1 length of the pool using 2 of the 4 competitive strokes. Children ages 9 and 10 must be able to swim 1 length of the pool using 3 of the 4 competitive strokes
Children ages 11 and over must be able to swim 2 lengths of the pool using 3 of the 4 competitive strokes

All ages must be able to dive.

Swimmer's Name	Age	Primary Phone Number
Address		Email
Medical/Other Concerns		

I, the undersigned, parent/guardian of _____, a minor, or myself as a participant, do hereby consent to my/ his/ her participation in voluntary athletic programs and do forever release, acquit, discharge, and covenant to hold harmless the Town of Belmont from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have for myself or as the parent of said minor, and also all claims or right of action for damages which myself or said minor has or hereafter may acquire, either before or after I/ he/she has reached his/her majority resulting from his/her participation in Belmont Recreation programs.

It is understood that in the event that I/my child should require any minor medical or surgical treatment and/or medication during this event and I am not present, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well-being of myself/my child. It is understood that if hospitalization or treatment of a more serious nature is required for my child, every effort will be made to contact me.

Signature of participant (or legal guardian if under 18 years of age) Date