KNIGHTS SWIM TEAM

WHITE TEAM (6-8 YEARS OLD)
This program is aimed at children who can swim and are interested in developing a stronger set of swimming skills. The program introduces children to competitive swimming. Children must be able to swim 2 x 25 yards (two lengths of the pool - one freestyle and one backstroke).

Participants are encouraged to attend both practices each week. One or two small meets may be included in the summer. The Schroeder Swim Team staffs and directs the program.

Date: June 10 - July 31
Day: Mondays & Wednesdays
Time: 5:30 - 6:30pm
Location: Nicolet High School - Pool
Age: 6 - 8 years old
Fee: $135.00R/$155.00NR
Program#: 311040-01
Min/Max: 6/60
Instructor: Schroeder YMCA Coaching Staff

LIGHT BLUE TEAM (9-12 YEARS OLD)
This program is aimed at children who can swim and are interested in developing a stronger set of competitive swimming skills. This is a competitive swimming program and athletes may race in one or two meets. Children must be able to swim 50 yards (50 yd freestyle and 50 yd backstroke).

Participants are encouraged to attend three practices each week. The Schroeder Swim Team staffs and directs the program.

Date: June 10 - August 1 (skip 7/4)
Day/Time: Mondays & Wednesdays from 4:30 - 5:30pm
Tuesdays & Thursdays from 5:30 - 6:30pm
Location: Nicolet High School - Pool
Age: 9 - 12 years old
Fee: $170.00R/$190.00NR
Program#: 311041-01
Min/Max: 6/60
Instructor: Schroeder YMCA Coaching Staff

DARK BLUE TEAM (13+ YEARS OLD)
This program is designed to get swimmers ready for high school swim team participation or to extend a successful high school experience. Athletes should be strong swimmers. The Knights Swim Team has partnered with the Schroeder Swim Team.

Participants are encouraged to attend three or four 1.5 hr sessions per week. One or two meets may be offered.

Date: June 10 - August 1 (skip 7/4)
Day: Mondays - Thursdays
Time: 5:00 - 6:30pm
Location: Nicolet High School - Pool
Age: 13 years old & up
Fee: $185.00R/$205.00NR
Program#: 311042-01
Min/Max: 6/40
Instructor: Schroeder YMCA Coaching Staff

Participants are welcome to join at anytime. Practice schedule subject to change.

register with:

Nicolet Recreation Department
6701 N. Jean Nicolet Rd.
Glendale, WI 53217
Phone: (414) 351-7566
Fax: (414) 351-4053
www.nicolet.us
On-line registration: https://rec.nicolet.k12.wi.us
PROGRAMMING: AGES 4 - 18
Registration Form

Household Information: Date:__________________________ Alumni___

Name (person filling out form):________________________________________________________________

Address:___________________________________________________________________________________

City:__________________________________________ State:______ Zip:___________

Home Phone:________________________________Cell Phone:_____________________________________

E-mail Address:_____________________________________________________________________________

Unless otherwise notified, assume that you are enrolled in the program.

Waiver and Release of Claims

“As a participant/parent/guardian in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I/they may sustain as a result of participating in any and/or all activities connected with or associated with such a program. I agree to indemnify and hold harmless all claimants, I/they may sustain or may have as a result of participating in this program against any and/or all claims brought against the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims for injuries, damages or loss which I/they may sustain or may have as a result of my/our participation in this program. I further agree to indemnify and hold harmless all claimants against any and/or all claims brought against the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims for injuries, damages or loss which I/they may sustain or may have as a result of my/our participation in this program.

As a participant/parent/guardian in this program, I agree to waive and relinquish all claims I/my child may have or may accrue to me/them on account of my/our participation in this program. I further agree to indemnify and hold harmless all claimants with the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims for injuries, damages or loss which I/they may sustain or may have as a result of my/our participation in this program.

I have read and fully understand the above program details and waiver and release of all claims.

For the activities that apply:

Concussion & Head Injury Disclosure

“As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By agreeing to this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.”

For more information go to: http://www.nicolet.k12.wi.us/cms_files/resources/concussion.pdf

Parent Agreement:

I have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/try sport if a concussion is suspected. I understand that I am held responsible in seeking medical treatment if a suspected concussion is reported by me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Athlete Agreement:

I have read the Athlete Concussion and Head Injury Information and understand when a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coach and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequences of returning to practice/play too soon and that my brain needs time to heal.

Signature____________________________________________________________  Date_______________

Name
Sex
Birthdate
Grade
Program#
Program Name
Fee

Reduced Fee School Meal Program for Nicolet School District Students

For those families who meet the criteria for free school meal program, your child’s class fee can be reduced by 50% (supplies and materials excluded). School lists will be used to verify eligibility. “I certify that my child/children is/are eligible for the reduced free school meal program”

Signature _________________________________________________________

Subtotal Fee:______________________

Less Reduced Fee:_________________

Total:____________________________

Cash ___ Check ___ / #_____ made payable to Nicolet Recreation Dept.

Credit Card ___ MasterCard ____ Visa ____ Expiration Date_________

Card number __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Cardholder Name____________________________________________

Ways To Register: On-line!, Mail, Fax, Walk-In, Phone, & Drop Box