

# HADDON TOWNSHIP SEAHAWKS



The Haddon Township Seahawks Junior Swim Team is a summer swim program. The Junior Swim team is for swimmers that have some ability to swim and has not been introduced with knowledge of all four competitive strokes. Swimmers will be introduced to the basic swim strokes- Backstroke, Breaststroke, Butterfly. This pre-team experience is for swimmers with limited experience in the water and want to become part of the Seahawks Swim Team. The Junior Swim Team program is run by the Haddon Township Seahawk Swim Coaches.

Starts: Beginning Monday July 7<sup>th</sup> . Ending Monday July 28th

Sessions: Mondays, Wednesdays, Fridays

Ages: 5 and Up

Time: 10:15am-11:00am at the Crystal Lake Pool.

Cost: \$75.00 per Swimmer

Registration: Saturday June 30<sup>th</sup> 5pm-7pm.  
Crystal Lake Pool on Crystal Lake Ave and Park Blvd

Checks payable to: Township of Haddon

For more details [www.htseahawks.org](http://www.htseahawks.org) Questions can be sent to [htseahawks@gmail.com](mailto:htseahawks@gmail.com)

*\*Junior Swimmers are welcome to Seahawks Swim Parties and selected Swim Meets\**

---

### **Junior Swim Team Registration Form**

Parents Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zipcode: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's DOB \_\_\_\_\_ Circle One: Male Female

# PARENTAL WAIVER

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member of the Seahawks Swim Team designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. In addition to giving my full consent to for my child's participation, I do hereby waive, release and hold harmless the Haddon Township Seahawks Parents' Association, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in swimming and the activities incidental thereto, whether the result of negligence or any other cause.

_____	_____
Street Address	City and Zip Code
1. _____	_____
Name of Child	Date of Birth
2. _____	_____
Name of Child	Date of Birth
3. _____	_____
Name of Child	Date of Birth
4. _____	_____
Name of Child	Date of Birth

Please list any physical limitation for each child above (allergies, hearing, sight, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

_____	_____
(Parent Signature)	(Date)