



## BETHLEHEM RECREATION DEPARTMENT

### 2024 Swim Team

**\$80 for 5 weeks Mon, Tues, Wed, Thurs 11:30 am - 12:30 pm**

**Season runs: July 8- Aug 8**

**June 26 - July 6 Open swim- (day pass or season pass is required)**

**Swim Meets are Thursday evenings: July 25 (@BTP) , Away meets: Aug 1, Aug 8**

Swimming at the meet is not a requirement to be on the swim team. Assistance at our home meet is.

Swim team is for swimmers who want to learn about swimming as a sport. Each practice will consist of a warm up period, stroke techniques focus through drills, and a cardiovascular set to improve the kids overall swimming fitness. There will also be practice time to work on starts and turns to help the kids achieve greater fluidity in their swimming, swim more continuously, and practice race skills. Practices will start with dry land exercises, flexibility assessments and stretches, and stroke technique education. Practices will end with a fun relay, diving, or game.

Beginner swimmers need to comfortably swim one length of front crawl/ freestyle, one length of backstroke, and tread water or float for 30 s.

However; they will not be able to do deep water skills until they can pass the BTP deep water test.

#### **Pass the Bethlehem Town Pool Deep Water Test:**

1. Full submerged and swim under lane line separating shallow end & middle pool (4 ft).
2. Surface without standing-up and start swimming.
3. Swim the full length of the deep-end stopping right before the end. (Swimming is demonstrated in a strong manner without stopping or holding onto the wall and calm breathing)
4. Swimmer stops and treads water for 1 min.  
Treading water is staying in one place; not spinning in a circle, going underwater or head floating.

If you are also looking for Red Cross Swim Lesson level, these can be taught at the same time as swim team:

-Intermediate swimmers (ARC Learn to Swim Level 4) will improve their front crawl and backstroke. They will begin to learn breaststroke, butterfly, flip turns, starts, and dives.

-Advanced swimmers (ARC Learn to Swim Level 5, 6) will improve on all competitive strokes along with the appropriate starts, turns, and finishes (front crawl, backstroke, breaststroke, and butterfly).

Advanced swimmers will increase their endurance.

## 2024 Swim Team PARTICIPANT INFORMATION

PARTICIPANTS NAME \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ ADDRESS \_\_\_\_\_ - \_\_\_\_\_

ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? Allergies? Asthma? Seizures? Diabetes? Other?

\_\_\_\_\_  
Identify any Behavior/ Learning concerns and how to handle them. \_\_\_\_\_

### Fee \$80 for 5 Weeks July 8 - Aug 8

Mon - Thurs 11:30 am - 12:30 pm

Swim meets Thursday evenings, July 25, Aug 1, Aug 8

### PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN (NAME) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENT/GUARDIAN (NAME) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (Contact person other than a parent, who can be reached during lesson)

PARENT/GUARDIAN (NAME) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

### SWIM TEAM MEET EMERGENCY CLAUSE

In the event I cannot be reached in an emergency, I hereby give my permission to the employees and volunteers of the Bethlehem Town Pool and/or Bethlehem Recreation Department to secure proper medical care for my child as deemed necessary. This includes transportation by ambulance to an emergency facility. I understand that in releasing the Town of Bethlehem and the Bethlehem Recreation Department from any and all liability as a result of injury to my child that I am specifically releasing the Town and the Department from any and all liability for any injury to my child as a result of any negligent act by the Town or the Department, or its volunteers or employees.

\_\_\_\_\_ I do \_\_\_\_\_ I do not (I will be present at all swim practices & swim meets) \_\_\_\_\_ Initials

### RELEASE CAUSE

I, the undersigned, as the parent or legal guardian of the child listed on this application agree and understand that swimming is a hazardous activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to paralyzing injuries and death.

The undersigned hereby releases and holds harmless the Town of Bethlehem, it's Council and any officers, employees or agents thereof from any and all claims, liabilities or demands whatsoever arising or claimed to have arisen out of the enrollment or participation in any program by the participant herein. The Bethlehem Town Pool assumes no responsibility for any personal property placed in or about the facility.

The parent/guardian authorizes any representative of the Bethlehem Public Pool to have the participant treated in any medical emergency during their participation in the Bethlehem Town Pool swim lessons or programs. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I also understand that photos are occasionally taken at the Bethlehem Town Pool and that any photo taken of my child may be used for publicity purposes. **If you do not wish** for the Bethlehem Town Pool to use photos of your child for publicity purposes, please initial here \_\_\_\_\_.

X \_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PARTY RELATIONSHIP DATE

-----FOR OFFICE USE ONLY-----

PERSON PAYING: \_\_\_\_\_ PHONE: \_\_\_\_\_  
*(IF PERSON IS DIFFERENT THAN THE CONTACT PERSONS)*

PAYMENT TYPE CHECK # \_\_\_\_\_ CASH TOTAL AMOUNT \_\_\_\_\_ Date received \_\_\_\_\_

AUTHORIZED BY \_\_\_\_\_