



# June 15 to August 8

## Seminole Aquatics

is an entry level swim team for

children ages 5 to 17. The only requirement for the program is the ability to swim 25 yards in ANY fashion without touching the bottom of the pool. Swimmers will learn the four competitive strokes, racing starts and turns in a fun, positive environment. Swimmers will compete in low-pressure summer meets against similar local teams. At the end of the summer, kids will have the option of continuing with the Seminole Aquatics year-round swim team.

# SUMMER STINGRAYS



Practices are offered for one hour, five days a week, in either the morning or afternoon, depending on the training group. Swimmers



may come as often as they wish. All practices are held at the Dale Aquatic Center, Sanford's beautiful, full-size Olympic outdoor pool. The pool is located at 2701 Ridgewood Avenue, Sanford, FL 32773.

## Cost: \$180/swimmer

Includes a team t-shirt, swim team racing cap, all summer meet fees, and a free summer pool pass for your child.

## How to Register:

You can register either by mail or in person at the pool  
Mon-Fri, 5 PM - 7 PM  
Saturday, 9 AM - 6 PM  
Sunday, 12 PM - 6 PM.

## Swim Testing & Group Placement:

Simply decide if you want a morning or afternoon practice time. We will have multiple training groups at 10 AM, 11 AM, 5 PM, 6 PM, and 7 PM. Swim testing and group assignments will be done at the pool on Saturday, May 30<sup>th</sup> and June 6<sup>th</sup>, between 9:00 AM and noon.

## Any Questions:

Call the pool office at 407-302-1034 or E-mail Coach Tony Ackerson at [swimseminole@hotmail.com](mailto:swimseminole@hotmail.com)  
Our new web site [www.seminoleaquatics.org](http://www.seminoleaquatics.org) will be available soon.



# SUMMER STINGRAYS 2009 SWIM TEAM APPLICATION

Parent Names: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Home Phone: \_\_\_\_\_

Mom's Work #: \_\_\_\_\_ Dad's Work #: \_\_\_\_\_

Mom's Cell #: \_\_\_\_\_ Dad's Cell #: \_\_\_\_\_

Mom's email: \_\_\_\_\_ Dad's email: \_\_\_\_\_

(Important: An email address that is checked often is needed)

Emergency Contact / Phone # \_\_\_\_\_ (if other than above)

### SWIMMER(S):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
FIRST MIDDLE LAST

(if applicable) Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

T-Shirt size (Please **specify** Youth or Adult S, M, L or XL): \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
FIRST MIDDLE LAST

(if applicable) Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

T-Shirt size (Please **specify** Youth or Adult S, M, L or XL): \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
FIRST MIDDLE LAST

(if applicable) Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

T-Shirt size (Please **specify** Youth or Adult S, M, L or XL): \_\_\_\_\_

**VERY IMPORTANT:** Please specify **MORNING** or **AFTERNOON** practice preference: \_\_\_\_\_

I hereby declare my child/children to be in good health and able to participate in the Summer Stingrays program. I understand that competitive swimming is a strenuous activity that can result in injury, and I will not hold the coaching staff responsible for injuries that arise as a result of participation in the program. I further understand that no refunds, or partial refunds, are to be given as a result of either my child's lack of attendance or inclement weather.

\_\_\_\_\_  
PARENT SIGNATURE REQUIRED

\_\_\_\_\_  
DATE

Please make check payable to CITY OF SANFORD

**If registering by mail, send your completed registration form and check to:**

**SEMINOLE AQUATICS  
Attn: Tony Ackerson  
141 North Road, Lake Mary, FL 32746**

**FOR MORE INFORMATION: Please call Coach Tony Ackerson at 407-302-1034,  
or email him at [swimseminole@hotmail.com](mailto:swimseminole@hotmail.com)**