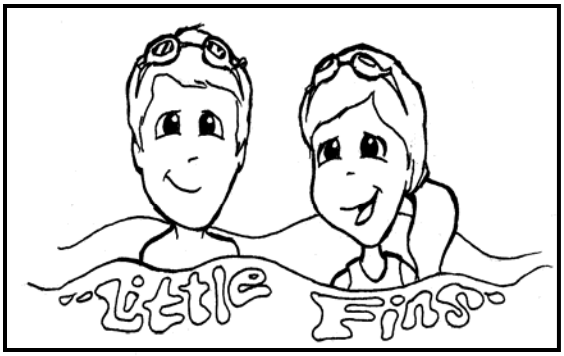

Aviano Swim Team

Swim team for boys and girls
ages 6 thru 14 year old

In Partnership with Aviano

What is Aviano Swim Team?

Aviano swim team is a competitive swim team that helps build stroke development, strength, and endurance, in a structured but fun and rewarding environment. Your child will learn the dynamics of competing by attending training sessions and recreational swim meets with other neighborhood teams.

Initial Test

Any interested participant will be given a short swim test to make sure their abilities are appropriate for the swim team. Based on ability and age, your child will be placed into a particular group depending on ability. For the younger more beginner group, the emphasis will mainly be on stroke development. For children who have a good development of all four strokes, their main focus will include endurance.

Program Features

- Twice weekly training sessions (sixty minutes per session)
- May, June, July and August training sessions and swim meets
- Monday and Wednesday schedule (There are no make ups due to inclement weather or missed sessions)
- Professional instruction - Little Fins Swim Instructors
- May 5th all swimmers should attend at 6pm for an introductory meeting and swim test
- Swim meets scheduled periodically based on team and availability of other Clubs (approximately two per month)
- Swimmers need to bring swimsuit, towels, sun block, swim goggles, water and great attitudes

Aviano Swim Team

- Monday and Wednesday Training Schedule
- Times 6-7pm
- Dates May: 5, 7, 12, 14, 19, 21, 26, 28 **Code: A May** June: 2, 4, 9, 11, 16, 18, 23, 25 **Code: A June**
  July: 7, 9, 14, 16, 21, 23, 28, 30 **Code: A July** August: 4, 6, 11, 13, 18, 20, 25, 27 **Code: A Aug**
- $85 a month
- $295 Summer Pass (May, June, July & August)

Registration Form

Please complete form and mail into: **Kicks Kids, PMB 250, 21001 N Tatum Blvd., Suite # 78-1630, Phoenix AZ 85050**

Participant Information (please print clearly)

Name _____ Code _____

Date of Birth _____/_____/_____ Age _____ Sex M / F

Participant Information (please print clearly)

Name _____ Code _____

Date of Birth _____/_____/_____ Age _____ Sex M / F

Parent Information (please print clearly)

Name _____

Street _____ City _____ State _____ Zip_____

Phone (home) _____ Phone (cell) _____

Please provide an email address that is checked regularly **(please print clearly)** Email _____

Emergency Contact _____ Emergency Phone _____

Please include relevant medical information in writing with this application

I certify that my child(ren) above is / are in excellent health and are able to participate in physical activity, including soccer. I agree to hold Kicks Kids Enterprises, it's agents, employees and contractors harmless from any and all claims for injuries sustained during my child(ren)'s participation in the program. Permission is granted for my child to receive emergency medical treatment. I grant permission for, and waive any rights to, the use of photographs and motion pictures at any events and their subsequent use in Kicks Kids Enterprise's information.

Signed _____ Date _____

Office Use
Rec.
Pay.
Comp.

Promotion In an effort to improve our customer service, please complete the following section, ***how did you hear about us?***
☐ Word of Mouth ☐ School _____ ☐ Periodicals _____ ☐ Other _____

Credit Policy A credit voucher for full program fee will be issued for any cancellation prior to program. We do not offer cash refunds.

Discount Policy Family Discount - $5 discount per child after 1st child has paid in full

Month May June July August Summer Pass (Please circle)

Payment Total Cost $ _____ Checks should be made payable to **'Kicks Kids'**.

Confirmation Please note that your cleared check is confirmation of your registration!