

# HAMILTON Y AQUATIC CLUB

[www.hamiltonaquatics.com](http://www.hamiltonaquatics.com) email – [HACY.swimming@gmail.com](mailto:HACY.swimming@gmail.com)

**A 25 Year Tradition of Developing Champions**

## WINTER 2009-2010

Sponsored by:  
Hamilton Area YMCA  
Hamilton Twp. Recreation

### Level 1

For swimmers who have had swimming lessons, or limited competitive experience, and current swimmers still mastering all four competitive strokes. New swimmers must be able to swim 25 yards unaided. Emphasis is placed on the development of efficient competitive strokes, turns and starts. Swimmers will participate in Y swim meets and championship meets. Workouts are structured to each child's ability. Tryouts required for proper placement. See [www.hamiltonaquatics.com](http://www.hamiltonaquatics.com) for tryout dates, times and criteria.

**Dates:** Sept. 21, 2009 – February 2010  
**Practice:** \*Monday & Wednesday 5:20–6:20 pm  
**Location:** MCCC

### Level 2

For swimmers with competitive experience and the ability to do all four competitive strokes legally. This level continues the development of competitive strokes, turns, and starts. Emphasis is on training and conditioning. Swimmers will participate in YMCA swim meets and championship meets. Tryouts required for proper placement. See [www.hamiltonaquatics.com](http://www.hamiltonaquatics.com) for tryout dates, times and criteria.

**Dates:** Sept. 22, 2009 – February 2010  
**Practice:** \*Tuesday/Thursday 5:20-6:50 pm Friday 5-6:20 pm  
**Location:** MCCC

\*Substitute Practice: If a swimmer is unable to attend a stated practice on a continual basis, due to scheduling conflicts, they may elect to attend the substitute practice. (i.e. Sue is in Level 1 and has piano on Mondays, she can attend Friday practice in place of the Monday practice.)

Level 1 – Friday 5:20-6:20 pm  
Level 2 – Monday 5:20 –6:20 pm

*You must indicate on the registration form if the swimmer will be attending the substitute practice*

**TRYOUTS FOR LEVEL 1 AND 2 AUGUST 4 & 12 AT JOHN WITHERSPOON MIDDLE SCHOOL**  
Swimmers unable to attend tryouts should contact Sue Welsh at [SJWelsh99@aol.com](mailto:SJWelsh99@aol.com)

### Fees

#### Level 1 - \$625

**\$350 deposit required with registration**

**Balance due \$275.00 by 10/15/09**

#### Level 2 - \$690

**\$350 deposit required with registration**

**Balance due \$340.00 by 10/15/09**

### Hamilton Area YMCA Swim Team Membership

*All swimmers must be GENERAL members of the Hamilton Area YMCA. A separate check payable to the Hamilton Area YMCA must accompany registration. New swimmers must also complete a Y Registration form – available at Parent Orientation.*

*Swimmers with current GENERAL or FITNESS Y memberships need only provide membership number on registration form. (Please note if you have a BASIC membership it will have to be upgraded, your additional fee will be calculated for you, please note membership on registration form – do not send a check at this time!).*

**Membership will be valid from September 15, 2009 – April 15, 2010**

Child (age 0-8) \$61.00  
Youth (age 9-12) \$90.00  
Teen (age 13-17) -\$115.00

**Membership will be valid from September 15, 2009 – September 14, 2010**

Child (age 0-8) annually \$96.00 bank draft \$8.83 monthly  
Youth (age 9-12) annually \$145.00 bank draft \$12.91 monthly  
Teen (age 13-17) annually \$189.00 bank draft \$16.58 monthly

**REGISTRATION AND DEPOSIT ARE DUE BY August 25, 2009**

Please make checks payable to HAC, Inc., 20 Birchwood Court, Princeton Jct. NJ 08550

# Parent Information Sheet

## Fees:

Deposits are required with all registrations. Balance of payment is due 10/15/09. Fees for families with two or more swimmers are discounted automatically. Payment schedule is available for those families that are interested.

## Official Training:

Our team is required to provide certified officials for YMCA and USS Meets. We provide the training. This is a great way to become involved in the sport. If you are interested, please contact Mike Grace at [michelney@aol.com](mailto:michelney@aol.com) or on 609.581.1730.

## Practice Times:

Parents are urged to have their children ready to ENTER the water at the designated start time of practice – generally that means you should get there 10 –15 minutes ahead of schedule to allow time to change, get organized, and stretch!

## YMCA Girls and Boys Teams:

There are separate YMCA Swim Teams for the boys and girls – that means that they do not compete together.

## USS Swimming:

Swimmers must be registered with NJ Swimming in order to compete in USS meets. The fee for membership is included in the Age Group and Senior level fee. Level 1 & 2 swimmers do not compete in USS Meets.

## Parental Responsibilities:

We are dependent on parents to effectively, efficiently, and economically, run this swim club. As such there are a number of requirements that must be fulfilled. None of them are difficult, and they don't have to cost you anything – what we need is your time. They are detailed on the Parent Responsibility Form. That form needs to be read, signed and turned in.

## Team Swim Suits:

We do have team suit. A “suit sale” date will be announced in September. Latex team caps are provided.

## Team Apparel:

Optional Team Apparel will be available. Please look for forms to be distributed at practice, to your email address and on the web site at the start of practices. The turn around time for ordering is very fast – so don't delay!

## Parent Liaison:

There will be one “experienced” parent at each practice level who will be responsible for making sure papers/forms/information are distributed. This parent will also serve as a contact point for other parents at that practice level. At each practice site there will be a file maintained for each family. That file should be checked EVERY week! If a swimmer is dropped off – they need to know to check that file!

## E-Mail:

**All of the information regarding the club is sent to everyone via email. It is IMPERATIVE that we have an email address that is read on a consistent basis. Information is sent in Adobe PDF format. If more than one email address is needed, that's fine...we just want to make sure everyone gets everything!**

## Club Contacts:

Questions and Information: [hacy.swimming@gmail.com](mailto:hacy.swimming@gmail.com)  
Parent Contact: Wendi Davies [wendi\\_davies@hotmail.com](mailto:wendi_davies@hotmail.com) or 609 799-1099  
President/Head Coach: Sue Welsh [sjwelsh99@aol.com](mailto:sjwelsh99@aol.com) or 609.936.7294

# Hamilton Y Aquatic Club

2009 –2010 Winter Registration/Medical Form  
**DUE 8/20/09**

Trying out for: Level 1 \_\_\_ Level 2 \_\_\_ \*\* Note: Swimmer may not be placed in try out level  
(Will attend the substitute practice on \_\_\_ in place of practice on \_\_\_)  
M or F

Swimmer: \_\_\_\_\_ Age: \_\_\_ DOB: \_\_\_\_\_ M: \_\_\_ F: \_\_\_  
First MI Last (as of 12/1/09)

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_  
PRINT CAREFULLY!

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

YMCA Swim Team Registration: New \_\_\_ Returning: \_\_\_  
OR General/Fitness Member: # \_\_\_\_\_ Basic Member: # \_\_\_\_\_

T-Shirt Size – Child \_\_\_\_\_ or Adult \_\_\_\_\_  
S, M, L S, M, L, XL

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

## MEDICAL INFORMATION

Medical Insurance Carrier: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Hospital: \_\_\_\_\_

Allergic to any medications? NO \_\_\_ YES \_\_\_ (list) \_\_\_\_\_

Take any medications on a permanent/semi-permanent basis? NO \_\_\_ YES \_\_\_  
(list) \_\_\_\_\_

Have asthma or other respiratory disease? NO \_\_\_ YES \_\_\_ (list) \_\_\_\_\_

Have any learning disabilities the coaching staff should be aware of? NO \_\_\_ YES \_\_\_  
(list) \_\_\_\_\_

Any other issues the coaching staff should be aware of? NO \_\_\_ YES \_\_\_  
(list) \_\_\_\_\_

Participation in the program requires an annual physical. Date of last physical: \_\_\_\_\_

Should a medical emergency or illness occur, I authorize the coaching staff of Hamilton Aquatics to send my child to a physician or hospital, and authorize emergency medical treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT RESPONSIBILITIES

Should my child be responsible for damage to the facilities/equipment at their practice location I understand that I am responsible for restitution.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CONSENT AND GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS

**Hamilton Aquatics Club  
20 Birchwood Ct.  
Princeton Jct., NJ 08550**

I, the parent/legal guardian of \_\_\_\_\_ do hereby give my approval of his/her participation in the HAC Swimming Program to be held September 2009 – April 2010

I, \_\_\_\_\_, do hereby state that I am at least 18 years of age and I wish to participate in the HAC Swimming Program to be held from \_\_\_\_\_ to \_\_\_\_\_.

I assume all risks and hazards incidental to this event. I do further release, absolve, indemnify, and hold harmless the HAC, the organizers, sponsors, supervisors, volunteers, and officials, their agents, representatives, or assigns. I hereby waive all claims against HAC, the organizers, the sponsors, supervisors, volunteers, officials, their agents, representatives, or assigns, for any injury to myself if I am at least age 18, / or to my child (as applicable) for any loss due to theft of or damage to my personal property or for any other consequential or incidental damages caused in any manner whatsoever where any such liability is attributable to the absence of ordinary or even slight care by the event organizers and the conduct of this event.

I further state that there is no medical condition which I/my child, \_\_\_\_\_, has that would prevent him/her from participating in this event.

\_\_\_\_\_  
Signature of Parent or Guardian (or participant if age 18 or over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name