

Get Ready for Summer League with:

BLUE TIDE AQUATICS SUMMER START-UP 2010

March 29th – April 23rd @ Kingwood High School Pool (2701 Kingwood Drive)

This is a 4-week program designed for swimmers ages 6 and over. All swimmers must be able to swim one length of the pool freestyle and backstroke unassisted, and competed in at least one season of summer league. Emphasis will be on strokes, starts, turns and laying a foundation for a successful summer.

If your swimmer is getting ready for their first year of summer league, we have our SPLASH (learn-to-swim) program as well as our typhoon group, which runs from September through April for swimmers that are more advanced than swim lessons, but not quite ready for swim team yet.

Ages 11&Up – Mondays & Wednesdays 5:45 – 6:45
Ages 8 and Younger – Tuesdays & Thursdays 5:45 – 6:30
Ages 9 & 10 Tuesdays & Thursdays – 6:30 – 7:15

The cost of the camp is \$75 per swimmer All participants receive a T-Shirt

Blue Tide Aquatics is a local team with a national reputation. For over 25 years, Blue Tide has provided a full spectrum of swimming opportunities from noncompetitive entry level to national elite swimming. Blue Tide is proud to have a full time professional coaching staff with extensive credentials. Visit www.swimbluetide.org to learn more about our programs and our coaches.

For information or questions, Head Coach Kevin Milak
Email: kevinmilak@gmail.com or call: (281)656-4423 x3

To register, complete the attached form and mail the registration form and payment. (Must be postmarked by March 25, 2010) Registrations will be capped at 35 swimmers per session:

Submit Registration forms to:

BTA – Summer Start Up 2010
c/o Cynthia Cantrell
3727 Tree Manor Lane
Kingwood, TX 77345

www.swimbluetide.org



BLUE TIDE AQUATICS

SUMMER START-UP 2010

Registration Form

Name _____ Age as of 3/29 ____ T-Shirt Size: YS YM YL S M L

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Name _____ Age as of 3/29 ____ T-Shirt Size: YS YM YL S M L

Parent(s) Name(s) _____

Address: _____

Primary contacts for schedule changes or announcements:

Home Phone _____

Cell Phone _____ Email _____

AUTHORIZATION AND RELEASE:

My child(ren), _____, has/have my permission and consent to practice with Blue Tide Aquatics, Inc. (BTA). In the event of illness or injury to swimmer(s) during any of these activities, any Blue Tide Aquatics, Inc. coach is hereby authorized to obtain treatment by a medical doctor or hospital emergency room if the parent(s) or guardian(s) of the swimmer cannot be contacted to inform them of such illness or injury. I release and agree to hold harmless Blue Tide Aquatics, Inc., its Board of Directors and coaches from any and all claims, liability, costs and expenses for any such medical treatment.

This authorization and release shall remain in effect until termination by written notice duly signed and personally delivered to the Blue Tide Aquatics, Inc. Head Coach and President of Board of Directors.

Executed this _____ day of _____ 2010.

Signature of Parent/Guardian: _____

Printed Name _____

Mail completed form and payment to:

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c/o Cynthia Cantrell
3727 Tree Manor Lane
Kingwood, TX 77345