



## WAVES 101

*A bridge program from  
Waves Swim School to Waves Swim Team*

**extend the skills learned in level 6**

**build endurance**

**increase distance**

**improve four competitive strokes**

**learn competitive techniques**

**participate in optional introductory fun meets**

**\$59/month M | \$89/month NM**

**45 minute class | 12:1 ratio | 1x per week**

*choose one day/time*

Wed 5:15-6:00pm | Fri 5:15-6:00pm | Sat 9:45-10:30am

*to participate: you must have recommendation from  
swim school teacher or schedule a tryout*



## JV SWIM TEAM

*A developmental program designed to prepare  
swimmers for USA Swim Team or for swimmers  
who want a reduced practice commitment*

**learn skills & drills for all four strokes**

**increase endurance**

**refine strokes, starts, & turns**

**prepare for competitive swimming**

**participate in optional introductory fun meets**

**\$130/month M | \$160/month NM**

**45 minute practice | 3x per week**

Mon & Wed 6:00-6:45pm in rec pool

Fri 6:15-7:00pm in lap pool

*to participate: you must schedule a tryout*





# WAVES 101 and JV SWIM TEAM PRE-REGISTRATION

WAVES 101 | members: \$59/month | non-members: \$89/month  
JV SWIM TEAM | members: \$130/month | non-members: \$160/month

WAVES 101: must have recommendation from swim instructor or schedule a tryout | JV SWIM TEAM: must schedule a tryout

SWIMMER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### PAYMENT INFORMATION

By signing this agreement, you authorize Weymouth Club to debit your chosen payment method every month for the amount listed above. Your chosen account will continue to be charged on the first of every month until you provide written notice of cancellation or change of payment method by the 20th of the previous month. Promotion to Waves JV Swim Team does not require written cancellation. If Weymouth Club is unable to collect your monthly payments for any reason, they may double your account the following month, plus add an administrative charge of \$20 without any further notice. Management reserves the right to forward all delinquent accounts to a collection agency.

**Without payment, your child may be cancelled out of the program and have to forfeit their spot.**

### WEYMOUTH CLUB PROGRAM WAIVER

I hereby represent to Weymouth Club, its affiliated, shareholders, partners, officers, agents, servants, employees, and representatives (collectively Weymouth Club) that my child is in good physical condition and am able to safely participate in Weymouth Club programming. I acknowledge that Weymouth Club urges every participant to have a medical check-up before participating in any Weymouth Club programs. I appreciate the danger of physical stress, strain, or injury and assume whatever risk is involved as a result of my use of the facilities, equipment, or services of the Weymouth Club.

I hereby release and hold Weymouth Club harmless from and against any and all claims, liability, loss, damage, or injury sustained or incurred in connection with my use of the facilities, equipment, or services of the Weymouth Club, and waive any and all claims against Weymouth Club from any damage or liability resulting from or in the connection with such use, excepting such damage which may be caused by Weymouth Club negligence.

I hereby grant Weymouth Club consent and permission to use my name, portrait, image, statements and comments and to copyright, use and publish the same in whole or in part, in any media for purposes relating to the business and activities of the Weymouth Club, including trade or advertising.

I hereby release and discharge Weymouth Club from any claims or demands arising out of or in connection with such uses, including but not limited to any and all claims for libel or invasion of privacy.

I understand and agree that the program is not a therapy program, nor should it substitute for medical treatment. This release, waiver and consent shall be binding upon me and my heirs, legal representatives and assigns.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

*Once this form is submitted, we will call you to set up payment and confirm your registration.*