

CSTC Swim Conditioning 2020

SWIM TEAM COORDINATOR:

COACHES:

Kristine Mazzella

Email: swimteam@canfieldswimclub.org

Mason Rassega

Mackenzie Hammond

Cell: (330) 717-0314

SWIM CONDITIONING:

Due to YSL cancelling the competitive swim season this year, we will be offering Swim Conditioning as an opportunity for our swimmers to still get exposure and benefit from the experience and knowledge of our coaches and improve their skills. This is not a competitive swim team event. Times and age groups will be evaluated after the first session. The goal is to allow as many swimmers to participate as possible while still staying within the recommended guidelines offered by the State.

NEW PROCEDURES FOR COVID-19 SAFETY:

- Sessions will be limited to 12 swimmers per age group per session (this may be adjusted in the future to align with future changes to State guidelines).
- All social distancing guidelines will be followed. If swimmers are not following CSTC guidelines as dictated by the coaches and staff for the current situation, they will be removed from the pool. Repeated offenses may yield a removal from the session without refund.
- Due to these changes, we are only able to offer Swim Conditioning to returning CSTC Swim Team members who are current on their CSTC membership dues.

FEE:

\$20 per swimmer per each 2-week session

CONDITIONING TIMES:

Please note that the following times are <u>tentative</u> and may be changed from each session and due to the number of swimmers registered for each level. **If the times are changed from what is listed you will be contacted via email.** Please use your swimmer's age as of June 1st.

7:30 - 9:00 a.m.	High School
9:00 - 10:00 a.m.	Age 11-14
10:00 - 11:00 a.m.	Age 9-10
11:00 a.m 11:45 a.m	Age 8 & under

CONDITIONING DATES & REGISTRATION:

Sign-ups for the first session will open June 2nd-June 9th. Please TEXT Kristine at 330-717-0314, include the parent name, the swimmers first and last name and age they are as of June 1st. DO NOT CALL THE SWIM CLUB TO REGISTER. A lottery will be done to fill the 12 spots of each session. You will then be notified by June 13th, please remember the health and safety of each swimmer is our number one priority and we are hoping to add more swimmers for future sessions if possible. At this time we are only taking returning swim team members due the number we can have in the pool at one time. Money will be due when the swimmer comes to their first practice on June 15th, cash or check made out to Canfield Swim and Tennis Club.

<u>SESSION</u>	SESSION DATES ONLINE REGISTRATION OPENING			
Session 1	June 15 - 26	Sunday, June 6th		
Session 2	June 29 - July 10	Sunday, June 21st		
Session 3	July 13 - 24	Sunday, July 5th		
Session 4	July 27 - Aug. 7	Saturday, July 19th		

PRIVATE SWIM LESSONS:

Private swim lessons may be scheduled individually with any of the CSTC swim coaches or lifeguards who are Water Safety Instructor (WSI) certified. Please speak to a staff member in the CSTC Office for more information.

2020 CSTC Swim Conditioning Registration Form

This will need to be completed for each session on the Registration window dates listed above. Member Name:______ Member #:_____ Email address: Phone (of person primarily bringing swimmer(s) to lessons): Swimmer's Name:_____ Age:____ Swimmer's Name:_____ Age:____ Swimmer's Name: _____ Age: ____ Swimmer's Name: Age: Amount Enclosed for Session 1 ONLY (\$20/child): Checks may be payable to the "Canfield Swim and Tennis Club". We are doing our best to keep our website, Facebook page and grounds up to date with photos, and in order to do so, we ask for your permission to take photos during lessons. Please check your preference below, and provide a signature to ensure that CSTC knows your wishes. _____ I give the CSTC permission to use photos of my child/children which may appear around the CSTC grounds, the CSTC website, and/or the CSTC Facebook page. I DO NOT give the CSTC permission to take photos of my child/children during lessons. _____ Date: ____ Signature:_____ Questions? Call the CSTC at (330) 533-6907 or Stephanie Ruark at (330)360-0254, or email: swimlessons@canfieldswimclub.org OFFICE USE ONLY:

Date Paid: _____ Amount Paid: ____ Cash/Check: ____ Photo (Y/N):

Full Name (first and last)	Date of Birth	Age on June 1	Sex M/F	Please list any allergies or medical conditions:	Does he/she take any medications? (Yes/No)	List of Medications child is takir	
EMERGENCY MEDICA	L CONTACT	INFORM	IATION				
Physician Name				Phone	_		
Dentist Name				Phone			
A <i>lternate</i> Contact Info	r mation: In ca	ase of an	emerge	ency and a parent/legal guardiar	n cannot be reached		
Name		PhoneRelationship					
attention or treatment for Youngstown Swim Leagu club from any and all lia Further the undersigned	or the above lis ue and each of bilities, claims, I shall indemni ersons in any w	ted swimi their resp demands fy and ho ay and cla	mer(s) in rected off , actions, ld harmle lims arisir	the even of an emergency until I ca icers, agents, employees, member or causes of action of whatever c ess the host club, YSL, and the off	an be contacted. I rele rs and any other perso character arising out o ficers, trustees, agent y injury, including deat	to obtain medical and/or dental ase Canfield Swim and Tennis Club, ons in any way connected with this of or in connection with said event. s, employees and members of the th, or alleged injury and damage to	