



## 2019 REGISTRATION: VENETIAN SWIM MEET

Join us for a fun, competitive meet at the Charlevoix Area Community Pool!

**Date:** Monday, July 22, 2019

**Time:** Warm-ups at 3:15 pm, Meet Starts at 4:00 pm

**Pre-Registration:** \$12 per person

**Day of Registration (closes at noon):** \$15 per person

**Payment and this Form must be turned in to be considered registered.** Payments can be made on the pool website, by phone or in person.

**Questions & Forms Emailed To:** [thea@charlevoixpool.org](mailto:thea@charlevoixpool.org)

**Circle the events you wish to participate in, corresponding to the correct age group.**

Meet fee allows each participant to enter up to four events (relays included). Swimmers may swim up, but may not swim down in a lower age bracket.

8 & Under	9-10 years	11-12 years	13-14 years	15-18 years	18 & Up	18 & Up Cont.
80 IM	160 Free	160 Free	160 Free	160 Free	40 Free	80 Breast
20 Free	80 IM	80 IM	160 IM	160 IM	80 Free	160 Breast
20 Fly	40 free	40 Free	40 Free	40 Free	160 Free	40 Fly
40 Free	40 Fly	40 Fly	80 Fly	80 Fly	400 Free	80 Fly
20 Back	80 Free	80 Free	80 Free	80 Free	800 Free	160 Fly
20 Breast	40 Back	40 Back	400 Free	400 Free	1320 Free	80 IM
80 Free Relay	40 Breast	40 Breast	80 Back	80 Back	40 Back	160 IM
80 Medley	160 Free Relay	160 Free Relay	80 Breast	80 Breast	80 Back	320 IM
	160 Medley	160 Medley	160 Free Relay	160 Free Relay	160 Back	160 Free Relay
			180 Medley	180 Medley	40 Breast	180 Medley

Athlete Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Yes, I want to receive the Pool email newsletter.

Participation in any activity at the Charlevoix Area Community Pool (CACP) or event organized by the CACP is at the sole discretion and judgment of the applicant and at his or her own risk. By signing and submitting this form, I agree to the following for myself and my dependents and certify that the information given in this registration is complete and accurate:

I understand that it is my responsibility to consult with a physician prior to and regarding participation in any exercise, aquatic or other.

I, the applicant, for myself and my dependents, assume full responsibility for any injuries or damages which may occur to me or my dependents, in, on or about the premises of the facility and do hereby fully and forever release and discharge CACP, its employees, volunteers, board members, agents, and others working on behalf of the CACP from any and all suits, claims, damages, costs and expenses of every kind, in conjunction with the use of this facility and equipment.

I, for myself and my dependents, further agree to use all equipment and the facility properly and leave them in good condition, and assume total liability and agree to reimburse the CACP for all damages incurred through the misuse of the facility and/or equipment thereof.

I give permission to the CACP to use without limitation or obligation, photographs, film footage, or recordings, which may include me or my children's image or voice for the purpose of promoting the CACP programs.

### INFORMATION ON KIDS VENETIAN TRAINING CAMPS (PREREGISTRATION REQUIRED)

#### One Week Venetian Training Camp Sessions

July 8-12

July 15-19

**Details:** Monday – Friday, Time: 4-6 pm

Camp Fees (entire week): \$50

Register (per week) Online or Call the Pool

#### Camp Schedule:

Days One & Two: Introductions, Assessment, Stroke Development, Endurance

Days Three & Four: Endurance, Flip Turns, Transitions & Dives

Day Five: Putting It All Together, Practice Races and Relays

*Note: No refunds. Child must be able to pass the swim test when registering.*



Charlevoix Area  
**POOL**  
Community

11905 US 31 North

Charlevoix, MI 49720

231.547.0982

[www.charlevoixpool.org](http://www.charlevoixpool.org)