



S.E.C.A. SHARKS IN TRAINING PROGRAM

THE S.E.C.A. SHARKS IN TRAINING PROGRAM IS DESIGNED TO PREPARE SWIMMERS TO COMPETE IN THE LANCASTER COUNTY SUMMER SWIM LEAGUE. COACHES WILL INCORPORATE TECHNIQUE DRILLS TO ENHANCE BASIC SKILLS. UPON MASTERY OF THESE SKILLS, SWIMMERS WILL PRACTICE AND COMPETE WITH THE TEAM. PRACTICES WILL BE AT THE S.E.C.A. POOL IN QUARRYVILLE on MONDAY EVENING 6:30-7:30 AND TUESDAY/THURSDAY MORNING 8:30-9:30am.





IF YOU ARE INTERESTED, PLEASE FILL OUT THE BOTTOM OF THIS FORM AND MAIL IT TO SECA

IF YOU HAVE ANY QUESTIONS CALL: Trevor at SECA (806-0123)

FEE: \$75 FOR EACH SWIMMER
PRACTICE: Mon, June 12th at 6:30pm
TIME: Mon: 6:30pm, Tues/Thurs.: 8:30am
AGE: 3 YEARS OLD AND UP

REQUIREMENTS:

SWIMMERS MUST BE ABLE TO:

-  PUT THEIR FACE IN THE WATER AND BLOW BUBBLES
-  KICK WHILE HOLDING ONTO WALL
-  SWIM APPROXIMATELY 5 FEET IN THE WATER
-  LEARN STROKE FROM COACHES

THE **GOAL** OF THIS PROGRAM IS TO TRAIN THE SWIMMER TO BECOME A COMPETITIVE SWIMMER BY THE END OF THE SEASON.

Complete the following registration form and waiver, then return to:

SECA Sharks Swim Team - P.O. Box 67 - Quarryville, PA 17566

Call the SECA office if you have any questions or concerns, 717-806-0123

S.E.C.A. SHARKS SWIM TEAM REGISTRATION FORM S.E.C.A. SHARKS IN TRAINING PROGRAM

SWIMMER'S NAME _____ DATE OF BIRTH _____

PARENT'S NAME _____

ADDRESS _____

HOME PHONE # _____ ALTERNATE PHONE # _____

E-MAIL _____ AGE _____ SEX _____ FEE _____

PARENT'S SIGNATURE _____ DATE _____ waiver completed _____

