



2021 S.E.C.A. SHARKS SWIM TEAM

The S.E.C.A. Swim Team Competes In Division III Of The Lancaster County Summer Swim League. Practices Are Held At The S.E.C.A. Pool In Quarryville Every Monday Through Friday, *Beginning Tuesday, June 1st* until Friday, July 23rd. Swimmers Are Asked To Attend As Many Of These Practices As Possible. This Season There Will Be 3 Away Dual Meets, 3 Home Dual Meets and 2 Saturday Championship Meets. Dual Meets Are Held On Tuesday And Thursday Evenings.

FEE SCHEDULE (per household):

\$130 1st Swimmer (non-pool member) - \$90 1st Swimmer (pool member)
\$110 2nd Swimmer (non-pool member) - \$70 2nd Swimmer (pool member)
\$90ea. All Other Swimmers (non-pool member) - \$50ea. All Other Swimmers (pool member)
-For information on SECA pool memberships visit www.secarec.org.-

** PRACTICE SCHEDULE*:

MONDAY, WEDNESDAY, and FRIDAY 10 & Under 6:30-7:30 PM / 11 & Over 7:45-8:45 PM
TUESDAY and THURSDAY All ages: 8:30-9:30 AM

First practice will be Tuesday, June 1st. We will practice in the EVENINGS Tuesday-Thursday. For the week of Jun 7th we will practice EVENINGS Monday-Thursday. The normal practice schedule listed above will begin the Week of June 14th EXCEPT Tuesday will be in the evening due to Solanco still being in school. (In other words, morning practices will start Thursday, June 17th)

AGE GROUPS:

8 YEARS AND UNDER 14 YEARS AND UNDER
10 YEARS AND UNDER OPENS (18 YEARS AND UNDER)
12 YEARS AND UNDER

For competition, swimmers are divided by age group and gender.
Age classification is based on swimmer's age as of June 1.

SWIMMERS MUST BE ABLE TO SWIM AT LEAST ONE FULL LENGTH OF POOL UNASSISTED!

Programs are available for swimmers who do not meet this qualification and mid-season registrations are permitted.

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

(ONE FORM PER SWIMMER, PLEASE. MAKE CHECKS PAYABLE TO SECA.)

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 _____

