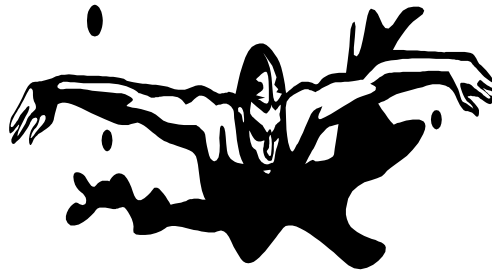


SWIM SWIM TEAM

POCONO SUMMER SWIM LEAGUE



The Buck Hill Swim Team participates with the Pocono Summer Swim League offering a competitive "age group" swimming program. The purpose is to provide an introduction to competitive swimming and the development of sound stroke technique in freestyle, backstroke, breaststroke, and butterfly. The league offers a team environment in which swimmers participate in a fun low-key program which enhances the development of the four competitive strokes, starts, and turns. Regular practice sessions are held four times per week, and there will be scheduled swim meets against other teams. That schedule and other information are available at the Buck Hill Swimming Pool. To be eligible for this program, the participant must be able to swim at least one width of freestyle (front crawl) and may not be a member of a college swim team.

Age Groups: 8 & under, 10 & under, 12 & under, 14 & under, 15 - 18 (open).

Cost: Camp Club/Senior Camp Club Members ~ \$15.00 per child per meet
Resident ~ \$150.00 per child for the season (includes meet fees)
Non-Resident ~ \$175.00 per child for the season (includes meet fees)

NOTE: The above outlined fees do **NOT** include the cost of the Swim Team Uniforms. See attached form for more information.

Times: Practice sessions are Monday through Thursday from 3:15 p.m. - 4:15 p.m. All swim team participants are expected to attend a minimum of two practices each week. *NOTE: Once swim meets start in July, there will be NO Tuesday afternoon practices. Please adjust your swimmer's schedule accordingly to attend at least 2 practices per week on a Monday, Wednesday or Thursday.*

Where: Buck Hill Falls Swimming Pool

Parents: Your involvement is essential in running a swim meet (i.e. starter, judges, timers, score table, announcer, etc.)! Please help us by noting on the registration form how you will be able to assist us. If needed, someone will train you.

SWIM TEAM REGISTRATION FORM - 2016

NAME (Last, First) _____

AGE _____

DATE OF BIRTH _____

(As of June 1)

HOME PHONE _____

COTTAGE NUMBER _____

PARENT OR GUARDIAN _____

ALTERNATE CONTACT IF PARENT CANNOT BE REACHED:

NAME _____ PHONE _____

NAME _____ PHONE _____

PLEASE FILL OUT THE EMERGENCY & FIRST AID FORM LOCATED IN THIS PACKET!!!

TEAM PRACTICE: Will be held at 3:15pm on Monday thru Thursday beginning June 27th for Senior Camp participants. Camp Club participants will have practice during their regular scheduled swim time in Camp Club. An extra practice session will be held at 3:15 p.m. for all ages beginning June 20th. *NOTE: Once swim meets start in July, there will be NO Tuesday afternoon practices. Please adjust your swimmer's schedule accordingly to attend at least 2 practices per week on a Monday, Wednesday or Thursday.*

FEE: Camp Club/Senior Camp Club Members ~ \$15.00 per child per meet
Resident ~ \$150.00 per child for the season (includes meet fees)
Non-Resident ~ \$175.00 per child for the season (includes meet fees)

NOTE: The above outlined fees do **NOT** include the cost of the Swim Team Uniforms. See Swim Team Suit Order Form for more information.



CHILDREN'S RELEASE

I, as parent or guardian, hereby give permission for the above child to participate in the Buck Hill Swim Team Program. I agree to indemnify and hold harmless the Buck Hill Falls Company, its employees, agents, heirs and assigns from any and all claims arising from his/her participation in the program.

Print Name

Signature

Date

Swim Team Suit Order Form

The Buck Hill Falls Swim Team will be using the same suit this year for our swim meets. This suit is a solid dark green suit by Dolfin. All orders include a Dolfin suit, t-shirt with logo and a latex cap with logo for \$60.00 for female and \$47.00 for male. Prices include all three pieces. Please complete the form below and return to the Buck Hill Falls Company, P.O. Box 426, Buck Hill Falls, PA 18323. **NOTE: Please complete a separate form for each participating child.**

DUE TO CUSTOMIZATION THE ORDER DEADLINE IS MAY 30th

Child's Name: _____ Parent or Guardian: _____

Swim Suit Size: _____ T-shirt Size: _____ Swim Cap One Size

(Please check male or female) Female - \$60.00: _____ Male - \$47.00: _____

T- Shirt Only **\$13.00** Sizes YS-YL, S-XL: _____ Cap Only **\$5.00** One size fits all: _____

Girls Swimsuit Only **\$43.00** Size: _____ **Boys** Swimsuit Only **\$31.00** Size: _____

Sweatshirt Only **\$47.00** Size YS-YL, S-XXL: _____ Sweatshirts are Hunter Green with White Logo

Name as you would like it to appear on Sweatshirt (print clearly): _____

Towel Only **\$20.00**: _____ towels are Hunter Green with White BHF Swim Team Logo

Name as you would like it to appear on towel (print clearly): _____

Total Fee: _____ Please charge my account: _____ Account # _____ Payment Enclosed: _____

Parent or Guardian Signature: _____

Swim Suit Sizing Chart

If you have any questions, please email Michele at swimfin@buckhillfalls.com with **BHF Swim** in the subject line.

Girls/Women's

Size	22	24	26	28	30	32	34	36	38	40	42	44
Chest	22"-24"	24"-26"	26"-27.5"	28"-29.5"	30"-31.5"	32"-33.5"	34"-35.5"	36"-37.5"	38"-39.5"	40"-41.5"	42"-43.5"	44"-45.5"
Waist	20"-21"	21"-22"	22"-22.5"	23"-23.5"	24"-25"	25.5"-27"	27.5"-29"	29.5"-31"	31.5"-32.5"	33"-34"	35"-36"	37"-38"
Hip	27"-28"	28"-29"	29.5"-30.5"	31"-32.5"	33"-34.5"	35"-36.5"	37"-38.5"	39"-40.5"	41"-42"	42.5"-43.5"	44"-45"	45.5"-46.5"

Boys/Men's

Size	18 (6X-7)	20 (8-10)	22 (12)	24 (14)	26 (16)
Chest	25"-25.5"	25.5"-28"	28"-29.5"	29.5"-31"	31"-32.5"
Waist	23.5"	23.5"-25"	25"-26"	26"-27"	27"-28"
Hip	25"	25"-27.5"	27.5"-29"	29"-30.5"	30.5"-32"

Measure waist 1" below natural waist or just above hip bone. **NOTE: If between sizes, consider sizing up.*

T-Shirt Size Chart

Youth – Small, Medium, Large

Adult – Small, Medium, Large X-Large

EMERGENCY & FIRST AID INFORMATION

ONE FORM PER SWIMMER

Swimmers Name _____ Date of Birth ____-____-____

Age Group: 3&4 5&6 7&8 9-11 12&up

Parent or Guardian _____ Cottage Number (if applicable) _____

Cottage Phone (_____) _____ Cell/Alternate Phone (_____) _____

Emergency Contact #1 Name: _____ Phone Number: (_____) _____

Emergency Contact #2 Name: _____ Phone Number: (_____) _____

Health History (Please check all that apply)

- Asthma Heart Condition Seizure Disorder Glasses Contacts Diabetes
 Other (Please List) _____

List any relevant problems/issues, either physical, health related or anything camp staff should know. (i.e. fears)

List any allergies to food, drug, insect stings, etc. (if none, write none)

Medications your child is currently taking: _____

(Please note: Camp staff is not authorized to administer medication)

Signature (Parent / Guardian)

Date