



SIMPLY SPORTS
EMPOWER EXCITE EXCEL



AVIANO SWIM TEAM

SWIM TEAM FOR BOYS AND GIRLS AGES 5 - 12

IN PARTNERSHIP WITH AVIANO

MAY, JUNE, JULY & AUGUST

What is Aviano Swim Team?

Aviano swim team is a competitive swim team that helps build stroke development, strength, and endurance, in a structured but fun and rewarding environment. Your child will learn the dynamics of competing by attending training sessions and recreational swim meets with other neighborhood teams.

Initial Test

Any interested participant will be given a short swim test to make sure their abilities are appropriate for the swim team. Based on ability and age, your child will be placed into a particular group depending on ability. For the younger more beginner group, the emphasis will mainly be on stroke development. For children who have a good development of all four strokes, their main focus will include endurance.

Program Features

- Twice weekly training sessions (forty five minutes per session)
- May, June, July and August training sessions and swim meets
- Monday and Wednesday schedule (There are no make ups due to inclement weather or missed sessions)
- Professional instruction - Little Fins Swim Instructors
- May 7th all swimmers should attend at 6pm for an introductory meeting and swim test
- Swim meets are scheduled on Saturdays based on team and availability of other Clubs (approximately two per month)

Available Trainings

Swim Team I: Monday and Wednesday 6-6.45pm

Swim Team I is designed for swimmers 5 - 8 years old. During each 45 minute training, coaches will focus on the refinement of each swimmer's front stroke, as well as the continued development of the other three strokes (backstroke, breast stroke, and butterfly). The goal of each training session will be to focus on stroke development through expanding each swimmer's technique and ability and endurance for each stroke.

Swim Team II: Monday and Wednesday 6.45-7.30pm

Swim Team II is designed for swimmers 9 - 14 years old. During each 45 minute training session, coaches will focus on the refinement of technique for each of the four strokes (backstroke, breast stroke, butterfly, and front stroke). Endurance is also a primary focus for each training session. The goal of each training session will be to build endurance while working on the individual development and stroke technique of each swimmer.



480.585.7684 | info@simplysports.org | simplysports.org

Register On-Line Today!

simplysports.org
or call

480.585.7684

Aviano Swim Team Schedule for June, July & August (limited to residents and guests of Aviano)

May **Dates:** 7, 9, 14, 16, 21, 23, 30

Group	Time	Code
Swim Team I	6 - 6.45pm	STA 48
Swim Team II	6.45- 7.30pm	STA 49

June **Dates:** 4, 6, 11, 13, 18, 20, 25, 27

Group	Time	Code
Swim Team I	6 - 6.45pm	STB 48
Swim Team II	6.45- 7.30pm	STB 49

July / August **Dates:** 9, 11, 16, 18, 23, 25, 30, August 1, 6, 8

Group	Time	Code
Swim Team I	6 - 6.45pm	STC 48
Swim Team II	6.45- 7.30pm	STC 49

Swim Meet Dates (Subject to change - 8am start time with a 7.30am arrival and warm up)

Dates:

- Monday and Wednesday Training Schedule
- Class Cost: May and June
 \$105 per 4 week session (8 sessions)
 July / August
 \$125 per 5 week session (10 sessions)
- There are no make ups due to inclement weather or missed sessions

Simply Sports | PMB 250 | 21001 N. Tatum Blvd | Phoenix AZ 85050 | O: 480-585-7684 | F: 480-585-7684

Registration Form

Please complete form and mail to: Simply Sports, PMB 250, 21001 N Tatum Blvd., Suite # 78-1630, Phoenix AZ 85050

Participant Information (please print clearly)

Name _____ Code _____
Date of Birth ____/____/____ Age _____ Sex M / F

Participant Information (please print clearly)

Name _____ Code _____
Date of Birth ____/____/____ Age _____ Sex M / F

Parent Information (please print clearly)

Name _____
Street _____
Phone (home) _____

City _____ State _____ Zip _____
Phone (cell) _____

Please provide an email address that is checked regularly **(please print clearly)**

Email _____

Emergency Contact _____

Emergency Phone _____

Please include relevant medical information in writing with this application

I certify that my child(ren) above is / are in excellent health and are able to participate in physical activity, including soccer. I agree to hold Simply Sports, it's agents, employees and contractors harmless from any and all claims for injuries sustained during my child(ren)'s participation in the program. Permission is granted for my child to receive emergency medical treatment. I grant permission for, and waive any rights to, the use of photographs and motion pictures at any events and their subsequent use in Kicks Kids Enterprise's information.

Signed _____ Date _____

Promotion In an effort to improve our customer service, please complete the following section, **how did you hear about us?**

Word of Mouth School _____ Periodicals _____ Other _____

Credit Policy

A credit voucher for full program fee will be issued for any cancellation prior to program. Every attempt will be made to make up sessions lost to bad weather. If your child misses a session or it is cancelled, they can make up time on other programs. We do not offer cash refunds.

Discount Policy

Family Discount - \$5 discount per child after 1st child has paid in full

Payment

Total Cost \$ _____ (Program cost, **\$10 walk on fee added to registration not received by the start of each month**).
Checks payable to 'Simply Sports'

Confirmation

Please note that your cleared check is confirmation of your registration!

Office Use
Rec.
Pay.
Comp.