



# JOIN SCHOONERS!

## Summer Recreational Swim Team

### Franco's Schooners

is a recreational summer swim team that participates in the SRSA (Scenic River Swim Association).

Our summer program is designed for **diverse ability** and **motivational levels** to give each individual a **unique swimming experience**.

The program offers **superior stroke instruction**, with focus on improvement and **having fun!**

The Schooners compete against **local swim teams** in West

St. Tammany Parish VIRTUALLY!

The staff is committed to giving each swimmer the **positive benefits** swimming can offer.

### Franco's Schooners program:

- IMPROVE STROKE TECHNIQUE
- BECOME A STRONGER SWIMMER
- QUALIFIED STAFF
- WATERSLIDE
- FRIENDLY COMPETITION
- ICE CREAM PARTIES
- HAVE FUN!

**Schooners "Members Only"  
Swim Program begins June 1**

## June 1 - July 30

Swim Practice:

Monday - Thursday      6:30pm - 7:15pm, 7:15pm - 8pm

Register Early as we can only take 50 swimmers to start June 1. We will open up more spots to start on June 15!

6 years or older, swim test prior to start date

No Swim Meets due to new regulations.

All swimmers receive 2-Week Progress Reports

## SCHOONERS SUMMER SWIM TEAM INFO

programregistration@myfrancos.com 985-792-0205



# Schooners Summer Swim Team

Name: \_\_\_\_\_ Age \_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F  
*First Middle Last*

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*First Middle Last*

Name: \_\_\_\_\_ Age \_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F  
*First Middle Last*

### Parent Information:

Mother: \_\_\_\_\_ Email \_\_\_\_\_ Cell: \_\_\_\_\_

Father: \_\_\_\_\_ Email \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Franco's Membership Acct # \_\_\_\_\_

Areas I can assist: \_\_\_ Timing \_\_\_ Data Input \_\_\_ Hospitality \_\_\_ Set Up \_\_\_ Social

My child's photograph may be used on Franco's printed material, websites & social media Yes / No

### Program Payment

Members \_\_\_ 1 swimmer \$215 \_\_\_ 2 swimmers \$415 \_\_\_ 3+ swimmers \$615  
\_\_\_ Non-Members pay the member program fee PLUS a \$105 facility fee

I understand that my payment for the full amount is non-refundable. Initial here: \_\_\_\_\_

\_\_\_ Charge my member account \_\_\_ Check \_\_\_ Credit Card \_\_\_ Cash

For Office Use:	<b>Payment Method</b>	Account Holders Int'l's _____
___ <b>Check</b> (Make checks payable to Franco's Athletic Club)	___ <b>Credit Card</b> Please Circle: Visa MC AMEX Disc	
___ <b>Membership Charge Account #</b> _____	C.C. Number _____ Exp. _____	

### Club Waiver Release

All signed participants desire to voluntarily utilize the services and, if applicable, facilities and equipment provided by Franco's Athletic Club. As a consideration for the right and privilege of being permitted access to Franco's Athletic Club, and if applicable, facilities and equipment, the undersigned does hereby release Franco's Athletic Club, and employees from any and all liabilities of any kind whatsoever arising out of any physical or mental injury or damage incurred or sustained by the undersigned, minor child, of the undersigned, or the undersigned property, while voluntarily preparing to use, using or cleaning up after using, any of the services and applicable facilities and equipment provided by Franco's Athletic Club; and furthermore, agrees to save and hold harmless Franco's Athletic Club, its owners, agents, and employees, for any damages or injuries arising out of the undersigned's, or the undersigned's minor child, use of the facilities, equipment and/or services. Furthermore the undersigned acknowledges that he or she has obtained independent medical approval to use the services, facilities and equipment provided by Franco's Athletic Club for themselves, or for their minor child, and that he or she has made Franco's Athletic Club aware of any limitations suggested by his/her physicians. The undersigned acknowledges and affirms that he or she has carefully read this release and has asked and obtained a satisfactory explanation of any part that he or she does not understand. The undersigned acknowledges that photos may be taken for publicity/marketing purposes and gives his/her authorization for any photos of his/herself, or of their minor child, to be used in this fashion.

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_