



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!

Phase 2 Schooners *ADDITIONAL SWIMMERS*

June 8 - July 30

Monday - Thursday

6:30pm - 7:15pm and 7:15pm - 8pm

**you will receive your practice time allotment upon registration*

Register Early as we can only take 50 swimmers to start June 1. We will open up more spots to start on June 8!
Prorated fees (see back)

6 years or older, swim test prior to start date

Virtual Swim Meets will take the place of regular large group meets

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

Name: _____ Age _____ Birthday ____/____/____ M / F
First Middle Last

Name: _____ Age _____ Birthday ____/____/____ M / F
First Middle Last

Parent Information:

Mother: _____ Email _____ Cell: _____

Father: _____ Email _____ Cell: _____

Address: _____

Franco's Membership Acct # _____

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

Program Payment for Phase 2 (pro-rated 1 week off total fee)

Members _____ 1 swimmer \$195 _____ 2 swimmers \$390 _____ 3+ swimmers \$585

Non-Members _____ 1 swimmer \$300 _____ 2 swimmers \$600 _____ 3+ swimmers \$900

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:	Payment Method	Account Holders Int'l's _____
_____ Check (Make checks payable to Franco's Athletic Club)	_____ Credit Card Please Circle: Visa MC AMEX Disc	
_____ Membership Charge Account # _____	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: _____