



# SCHOONERS!

## Franco's Schooners is a Summer Recreational Swim Team

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!

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!

## Summer Recreational Swim Team

# May 8 - July 12

**Pre-Summer Practice:** May 8 - 18, Mon - Thu  
6:30pm - 7:30pm for ALL swimmers

**Summer Practice:** *effective Mon, May 22*

Monday - Thursday

9:30am - 10:30am (limited to 80 swimmers)

or 6:00pm - 7:00pm

Register Early! The number of swimmers is very limited!  
*The 9:30am practice time is limited to the first 80 swimmers registered.*

6 years or older, swim test prior to start date

**Swim Meets:** Friday, May 26 (Intersquad Meet)  
Friday, June 9 (Relay Meet)  
Friday, June 23 (Intersquad Meet)  
Wednesday, July 12 (End of Year Party)

All swimmers receive 2-Week Progress Reports

## SCHOONERS SUMMER SWIM TEAM INFO

programregistration@myfrancos.com 985-792-0205



# 2023 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

**Practice Time** Note: 9:30am is limited to the first 80 swimmers registered. The time selected will be your practice time ALL summer long.

\_\_\_\_ 9:30am - 10:30am      \_\_\_\_ 6:00pm - 7:00pm

## Program Payment

Members      \_\_\_\_ 1 swimmer \$225      \_\_\_\_ 2 swimmers \$425      \_\_\_\_ 3+ swimmers \$625

Non-Members \_\_\_\_ 1 swimmer \$330      \_\_\_\_ 2 swimmers \$635      \_\_\_\_ 3+ swimmers \$940

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: \_\_\_\_\_