



MARC

Training Program for Competitive Swimmers

Under the Supervision of MASH Swim Coaches,

Pete Coppelli and Don Erdley.

Minimum Skill Requirements:

100 Yard Individual Medley - Legal in all 4 strokes (Butterfly, Back Crawl, Breaststroke and Front Crawl) performed from a racing start.

General Information:

This is a 9 week program: June 14th, 2010 - August 13, 2010.

Time: 7:45am - 9:45am Days: Monday - Friday.

You must be pre-registered and pre-pay, by June 13th, 2010 at 5:00pm

The cost is: \$225.00 for the 9 week program. We must have a minimum of 15 swimmers and maximum not more than 30 swimmers. (This program is designed for ages middle school & up)

We do not pro-rate the cost of this program.

No Refunds; No Make-Up classes; MARC reserves the right to change or cancel programs.

Name: _____

Address: _____

Age: _____ **Have Competed:** _____

Phone #: _____ **E-mail:** _____

Fee: _____ **Did you participate last year? Yes** ___ **No** ___



I hereby give my consent for my child/self to participate in the Training Program for Competitive Swimmers program at the MARC. I further release the MARC staff from all liability for injuries received by my child/self during or resulting from this program.

Parent Signature: _____ **Date:** _____

Office USE Only:	Date:	Staff:
Amt Pd.	Circle: Cash Charge Check	Check #:

See back side for payment plan

**MARC Payment plans for the Training Program for Competitive Swimmers:
(Please circle which plan you choose.)**

Five Month Plan: February, March, April, May and June.

\$45.00 due each month before or on the 5th of each month.

Four Month Plan: March, April, May and June.

\$56.25 due each month before or on the 5th of each month.

Three Month Plan: April, May and June.

\$75.00 due each month before or on the 5th of each month.

Two Month Plan: May and June.

\$112.50 due each month before or on the 5th of each month.

- **Payments must be made in full to begin the Training Program for Competitive Swimmers.**
- **We do not send out invoices for payment plans.**
- **We do not pro-rate the cost of this program.**

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Adult Signature: _____ Date: _____