

# 2020 Montclair Marlins Swim Team

## Head Coach: Porter LeVasseur

**\*\*WE WILL BE OFFERING A MODIFIED SWIM TEAM THIS SEASON. THE SEASON WILL RUN JUNE 11 – JULY 31 AND WILL INCLUDE ONE INTRASQUAD MEET. PARTICIPANTS MUST BE COMPETENT SWIMMERS\*\*** Note: NO practice June 26

### GUIDELINES:

- Swimmers must both come and leave in their swimsuit. The shower rooms will only be utilized for restroom use (one person at a time). Items must be stored in a designated location on deck.
- Swimmers must not congregate before or after practice. Please be prepared to pick up your swimmer as soon as practice ends.
- Swimmers should bring their own full water bottle. The water fountain will not be in use. They should not share any equipment, food, drinks, towels, goggles, etc.
- Swimmers not in the same household will maintain a distance of six feet apart. Swimmers will be spaced in lanes accordingly to maintain distance and will have designated starting and stopping points.
- Hand sanitizer will be available at the pool along with temperature checks.
- Do not attend practice if a swimmer or a member or their household does not feel well.

### Swim Team Requirements:

- Swimmers must be 18 or under as of June 1, 2020.
- A membership is **required** to join the swim team. All pool membership fees and swim team fees **must be paid prior to** attending any practices.
- Fee per swimmer: \$75
- Swimmers should be competent swimmers, able to follow all social distancing guidelines.

### Practice Times: To sign up for a session, please [CLICK HERE!](#)

There will be four available practice sessions. Each session will be limited to 20 swimmers. Please sign up for one session for each child. This will be the session your swimmer will attend for the entire season. Practice times may be subject to change once the team is formed.

8:00-9:00 AM / 9:00-10:00 AM / 10:00 AM-11:00 AM / 11:00AM-NOON

Please complete pool membership and swim team registration forms and drop off forms and payment (payable to Montclair Pool Association) at the drop-off box at Montclair Swim Club's entryway at the beginning of practice.

*If your question was not addressed or if further clarification is needed for a concern, please feel free to contact Porter LeVasseur (Head Coach) at (618) 741-0477*

**Montclair MARLINS**  
**2020 Registration FORM**  
**You MUST list a valid email address!**

Male	Female	Name of child			Date of Birth (mo/day/year)	Group
		First	Middle Initial	Last		
( )	( )	_____	_____	_____	_____	_____
( )	( )	_____	_____	_____	_____	_____
( )	( )	_____	_____	_____	_____	_____
( )	( )	_____	_____	_____	_____	_____
( )	( )	_____	_____	_____	_____	_____

Parent(s) Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Email** \_\_\_\_\_

Child/Children taking any medications? If yes, please state child and medication

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Any other medical conditions? If so, please state: \_\_\_\_\_

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IN CASE OF EMERGENCY CONTACT : \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**PERMISSION**

I give my permission for my child or children (names) \_\_\_\_\_

\_\_\_\_\_ to be a member or members of the Montclair Swim Team. I understand that I will be expected to help at all the swim meets in which my child participates.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE**

We (I) \_\_\_\_\_ agree to protect, indemnify, save and keep harmless Montclair Pool Swim Club and the Montclair Pool Swim Team against and from any and all loss, cost, damage or expense arising out of from an accident while my child/children are participating in a swim event. I understand that the normal provisions will be made to supervise my child at all pool events.

Parent(s) Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

For Pool Use Only:

Date \_\_\_\_\_

ck # \_\_\_\_\_

Rcv'd by \_\_\_\_\_