



Recreation Division
Adaptive Recreation
Program

It's Team Peoria Special Olympics Swim Season!



Centennial High School
14438 W. 79th Ave
Training and conditioning
2007 Schedule:



SWIM TEAM

July 16-August 3
Monday—Friday
4:00-4:45 p.m.

Saturday Practices beginning July 21
10:45-11:30 .m.

Advanced Swim Team

for athletes who are experienced in swimming long
distances or have excelled in the short distances

July 16-August 3
Monday—Friday
4:45-5:30 p.m.

Saturday Practices beginning July 21
10:00-10:45 a.m.

Athletes should be able to swim 25 meters and must attend a minimum of 65% of practices to attend upcoming meets.

If you have questions, call Jodi at (623) 773-7719

Athletes must have a current Special Olympics Medical Release Form on file in order to train and compete in Special Olympics. Athletes with Down's Syndrome must have a completed Atlantoaxial Disclosure form. Forms available at the Community Center.

Swim Team Registration Form for athletes ages 8 and older - 44317/44318

Name _____ Phone _____ Date of Birth _____
Address _____ City _____ Zip _____
Parent/Guardian _____ Relationship: _____ Shirt Size: _____
Day phone : _____ Evening phone: _____
Emergency Contact 1: Name: _____ Phone: _____
Emergency Contact 2: Name: _____ Phone: _____
Primary Disability : _____ Seizures? Yes _____ No _____
Medications: _____

Waiver of Liability

I/we hereby release and forever discharge the City of Peoria, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees, and any and all other persons, firms, or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Peoria recreation program. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the City of Peoria or its officers, employees, or agents.

Please Print Name:

Signature: _____ Date: _____