



IMPORTANT DATES TO REMEMBER

- ▶ **Mandatory parent's meeting - November 15th @ 6:00 P.M.**
- ▶ **Suit order deadline Nov.15th - prices: Girls: youth \$46.00 adult:\$47.00 Boys: youth \$30.00 adult \$32.00**
- ▶ **Sweatshirt / sweat pants / T-shirt order deadline November 15th - apparel color: Black only**

Schedule: *No experience required - must be able to swim one length of the pool unassisted.*
ALL SWIMMERS WILL BE TESTED ON THE FIRST DAY OF PRACTICE

WINTER SESSION - NOVEMBER 5TH - FEBRUARY 16TH

Age Group	Mon.	Tues.	Wed.	Thurs.	Friday	Cost
8 & under		5:00 - 6:00		5:00 - 6:00	5:00 - 6:00	\$75.00
9 & 10	5:30 - 6:30	6:00 - 7:00	5:30 - 6:30	6:00 - 7:00		\$85.00
11 & Older	5:30 - 6:30	6:00 - 7:30	5:30 - 6:30	6:00 - 7:30		\$95.00

****** Please include \$15.00 if you are NOT volunteering for home swim meets.******

Date	Opponent	Facility	Type of Meet	Time
December 1st	Plainwell	TBA	4 stroke	TBA
December 15th	Tri Meet	Home	Full	w-up 9:00 meet 10:00 am
January 12th	Tri Meet	Home	Full	w-up 9:00 meet 10:00 am
January 19th	T.A.C	Plainwell	T.A.C	w-up 8:00 meet 9:00 am
February 3rd	MISCA	Holt Jr High	7th & 8th - Must Qualify	Boys -9:00 am Girls -1:30 pm

League Meet

February 9th	10 & under	Harper Creek	8-under w-up 8:00 Meet 9:00	9-10 w-up 1:00 Meet 2:00
February 16th	11 & Over	Lakeview	11-12 w-up 8:00 Meet 9:00	13-up w-up 1:00 Meet 2:00

2 EASY WAYS TO REGISTER: *Deadline Thursday Nov. 9th*

Make Checks Payable To: ATAC

return to:

ATAC Allegan High School
1560 M-40 N.
Allegan, MI 49010

1 Mail the completed registration form with payment attached

2 Drop the registration form off at the Allegan Aquatic Center.

For more information please call Coach Jim Baird @ 673 - 7002 Ext. 5507.

REGISTRATION FORM (Please Print)

Age is determined on or before Oct. 31st

Swimmer's Name (First / Last) _____	Age / Grade _____
Parent/Guardian Name _____	Township _____
Address _____	City _____ Zip _____
Home Phone: _____	Cell: _____ Work: _____
Emergency Contact Person: _____	Phone: _____
Remarks / Restrictions, medications, allergies, etc: _____	

I hereby give permission for emergency care or medical attention, as deemed necessary to be administered by a certified lifeguard or physician. **Waiver:** I, the undersigned will not hold the Aquatic Ctr. or ATAC responsible for any injury that might occur. I realize the Aquatic Center and or ATAC will do everything possible to offer a safe and injury free program. I the undersigned, verify that I have read and understood this form.

Signature of Parent / Guardian _____

Date _____