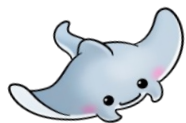


Stingrays Swim Team



Stingrays is a youth pre-competitive swim team for ages 6-18 years old focusing on stroke development, fitness, introduction to competition and being part of a team. Swimmers have the option to compete in our county swim meets.

Try-outs are required to participate on the Stingray Swim Team.

Try-outs are held the Saturday before each session. During the try-out, the swimmer will be evaluated and placed in one of the following groups, according to their skill level. *If a level is full, the swimmer will be placed on a wait list.*

- **Beginner:** Swimmers should have finished all Starfish stroke school classes, or equivalent. Swimmer should be able to swim 25 yd. of freestyle without stopping and breathing on their side; 25 yd. backstroke without stopping.
- **Intermediate:** Swimmers should be able to swim 100 yd. of freestyle without stopping, body rotation and breathing on the side; 100 yd. of backstroke without stopping, body rotation and straight arm recovery; 25 yd. breaststroke with proper timing and some butterfly strokes with a dolphin kick.
- **Advanced:** Swimmers should be able to swim 100 yd. of freestyle without stopping, good body rotation, breathing on the side; 100 yd. of backstroke without stopping, good body rotation and straight arm recovery; 50 yd. breaststroke with proper timing; 25 yd. butterfly with dolphin kick; flip turns and starts.

**For those swimmers who are not quite ready for the Stingrays Swim Team, we encourage them to enroll in stroke school or private swim lessons to strengthen their skills and try-out again later.*

Winter 2022 Practice Options

Tuesday/Thursday:

Beginner 5:00-6:00pm

Intermediate 6:00-7:00pm

Monday/Wednesday/Friday:

Intermediate 5:30-6:30pm

* If the lap pool is ever unavailable, Stingray practice may do dry land exercises until the pool is available.

There will be 3 sessions offered during the Winter.

Fees are per session and based on the practice option that the swimmer chooses above.

- **December Session:** Dec. 5-21 (No practice 22-31 Dec)
⇒ Fee for T/Th = \$17.50 Fee for MWF = \$28
- **January Session:** Jan. 6- Feb. 3
(No practice 2,3,4,5,12,16, 18, 27 Jan.)
⇒ Fee for T/Th = \$24.50 Fee for MWF = \$35.00
- **February Session:** Feb. 6-March 3 (No practice 17 & 20 Feb)
⇒ Fee for T/Th = \$28.00 Fee for MWF = \$35.00



Registration:

Try-outs and online registration open on the first Saturday of each month and close the 10th of each month.

For more information contact:

Catherine Atnip
CAtnip@slco.org



For inclusion opportunities for people with disabilities, contact 385-468-1520 or InclusionRec@slco.org.

Gene Fullmer Recreation Center
8015 South 2200 West
West Jordan, UT 84088
Phone: (385) 468-1951
<https://slco.org/gene-fullmer/aquatics/swim-team>

RELEASE

Acknowledgement of Risk: Accidents happen. I understand that Salt Lake County cannot eliminate all risks associated with its events, programs, or recreational or physical fitness activities (the "Activity"). I agree that my participation, whether active or as an observer, in the Activity at Salt Lake County owned or operated parks and recreation facilities or using of any Salt Lake County owned facilities or equipment involve risks and hazards which may expose me to bodily injuries and personal injuries, damage to property, illness, or death.

Assumption of Risk: I agree to assume all the risks of the Activity. My participation in the Activity is purely voluntary, and I elect to participate despite the risks.

Release and waiver of rights including claims of Salt Lake County negligence: I hereby voluntarily release Salt Lake County and Salt Lake County's employees and volunteers (the "County") from any and all claims, demands, or causes of action, which are in any way connected with my participation in the Activities, including any and all claims arising out of the County's negligence. Negligence means that a person (or an entity like the County) did not use reasonable care. We all have a duty to use reasonable care to avoid injuring others. Reasonable care is simply what a reasonably careful person (including the County) would do in a similar situation. A person, or an entity like the County, may be negligent in acting or in failing to act.

I have read and understand this Pre-Injury Release. By signing below, I fully understand that I am agreeing to release the County from any liability for the County's negligent acts or omissions.

Refund: Refunds may only be requested in person and must be accompanied by a written request. As per Salt Lake County policy and procedures the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. No refunds shall be given after the first day of the program.

Collections: I agree to pay Salt Lake County all costs incurred, together with reasonable attorney's fees in the event that my account is referred for collection. I understand that any account delinquent 30 days or more will be turned over to collection.

Emergency Treatment: I hereby authorize Salt Lake Parks and Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom.

Media Consent: I hereby grant permission to Salt Lake County to use my or my children's photograph, videotaped image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation.

Name Posting: Unless otherwise indicated below, Salt Lake County is authorized to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

I do not authorize Salt Lake County to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website. _____

By signing, I acknowledge that I have read and understand the contents (risk, waiver of rights, refunds, collections, emergency treatment, media consent, name posting) and I agree to the terms.

Name of Child Participant:

Signature (Parent or Legal Guardian): _____

Date: _____