

# WALLENPAUPACK SWIM TEAM 2007

**Welcome** to the 2007 WLE Swim Team. Practices will be held Monday through Friday at Beaver Pool **beginning Monday, June 25, 2007**. A parent meeting will be held at 9:30 a.m. on Monday, July 2, 2007 at the pool.

NEW THIS YEAR: We will have 3 practices. Session I - 8:30-9:30, Session II - 9:30-10:30, Session III - 10:30-Noon. The coaches will assign swimmers to practice sessions. Assignments will not be based on age.

The **proposed** swim schedule has been posted. Please check the WLE website at **<http://www.wleonline.org>**

**Championships** will be held on August 4, 2007. The location and times will follow.

**Banquet** – will be held on Friday, August 10, 2007 at the Main Clubhouse (more information to follow).

**Meets:** All meets last about three hours. Parents/guardians are encouraged to attend each meet and to help as timers, scorers, ribbon writer, etc. Swimmers must sign up for each meet. The coaches will assign events. Should a swimmer sign up for a meet and fail to participate, the coaches reserve the right to prohibit the swimmer from competing in the next meet.

**On inclement days**, we will notify the main office and a sign will be posted at the pool indicating whether or not practice will be held. **No practices will be held in the indoor pool.**

**Parent Participation** – We cannot have the meets at home or away without a commitment from all parents to help. We need parents to volunteer as timers, runners, scorers, among other things. We will train you.

**Parent Requirements - In order to meet the minimum requirements a swimmer's family must:**

1-Work a minimum of two (2) home or away meets.

2-Work at League Championships.

3-Provide a baked good for the 4<sup>th</sup> of July Picnic which will be held on July . Baked goods should be dropped off at Rockledge by 12:00.

4-Provide a gift basket, item or cash for the Tricky Tray Auction to be held during Labor Day weekend on Saturday, September 1<sup>st</sup>, with an approximate value of \$20.00. The deadline to hand in the gift basket is July 27, 2006. Swimmers will not receive an end of the season gift, if their family does not supply a gift basket. We expect one gift basket per family, not per swimmer. We ask parents to let us know their gift basket theme by July 6<sup>th</sup>, so that we can get a wide selection of baskets and avoid duplicates.

## Parent Job Descriptions:

**TIMERS:** Stand at lanes and time swimmers with stopwatch. Record times on card.

**RUNNERS:** Collect cards from timers after each event and delivers to scoring table.

**RIBBON WRITERS:** Parents will be seated near scoring table to write events, time and name on ribbons. **SITTING DOWN JOB!**

**SCORER:** Sit at scoring table, record times from cards and tabulate team scores. Work with scorers from other teams. **WE NEED PEOPLE WILLING TO LEARN THIS JOB!**

**50/50 RAFFLE:** Sell raffle tickets at our home meets.

**BINGO:** Held at our main clubhouse on Saturday, May 26<sup>th</sup>, 2007 at 7:00 p.m. Sell bingo boards and specials. Sell soda and chips at bar. Set up for coffee and tea. Clean up.

**FUNDRAISING:** Tricky tray auction which is held on Labor Day weekend on Saturday, September 1<sup>st</sup>. Obtain donations from local businesses.

**BANQUET:** Contact caterer for menu; collect money from family members who plan on attending and set-up/clean up Main Club House.

**JULY PICNIC:** Help sell baked goods donated by parents for 4<sup>th</sup> of July picnic. Swimmers can help as well!

**Clothing/Equipment sales:** Please place your order with Kathy Jordan at 484-788-1319 Quantities are limited. Make your check payable to WLEPOA. Listed below are available items. Deadline to pre-order is May 1, 2007.

| <b><u>Item</u></b>                   | <b><u>Price</u></b> | <b><u>Size</u></b>                  |
|--------------------------------------|---------------------|-------------------------------------|
| Women's swimsuits                    | \$28.50             | 22, 24, 26, 28, 30, 32, 34, 36, 38, |
| Men's jammers (no logo)              | \$24.00             | 22, 24, 26, 28, 30, 32, 34, 36, 38, |
| Sweatshirts <b><u>with</u></b> hoods | \$18.50             | YM, YL, AS, AM, AL, AXL             |
| Sweatshirts <b><u>no</u></b> hoods   | \$15.00             | YM, YL, AS, AM, AL, AXL             |
| Sweatpants                           | \$14.50             | YM, YL, AS, AM, AL, AXL             |
| T-shirts                             | \$ 8.00             | YM, YL, AS, AM, AL, AXL             |
| Blanket                              | \$15.00             |                                     |
| Goggles                              | \$ 4.00             |                                     |
| Caps (Plain)                         | \$ 2.00             |                                     |
| Bungee Goggle Strap                  | \$ 5.00             |                                     |
| Swim bag*                            | \$20.00             |                                     |
| Towels                               | \$20.00             |                                     |
| Pull Over Jackets                    | \$40.00             |                                     |

If you have any questions, kindly contact Nancy Moyer at (484) 919-1221 or Sharon Haley at 516-921-5059/570-689-7184.

**GOOD LUCK TO EVERYONE FOR ANOTHER SUCCESSFUL SEASON!**



# PARENT PARTICIPATION FORM

This form must be signed and returned

Listed below are areas, which need your participation. We will teach you any job you might like to learn. (Please choose at least 3, mark 1st choice). If one is not selected, a job will be assigned.

Timer \_\_\_\_\_ Runner \_\_\_\_\_ Ribbon Writers \_\_\_\_\_ Fundraising \_\_\_\_\_

50/50 Raffle \_\_\_\_\_ July 1<sup>st</sup> \_\_\_\_\_ Banquet \_\_\_\_\_ Scorer \_\_\_\_\_

| SWIMMER'S NAME | SEX   | AGE AS OF 7/1/07 | DATE OF BIRTH |
|----------------|-------|------------------|---------------|
| _____          | _____ | _____            | _____         |
| _____          | _____ | _____            | _____         |
| _____          | _____ | _____            | _____         |

PARENTS/GUARDIANS NAMES \_\_\_\_\_

WLE ADDRESS \_\_\_\_\_ WLE PHONE NO. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Do you have insurance? Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

PLEASE NOTE ANY MEDICAL CONDITIONS THAT THE COACHES NEED TO BE AWARE OF:  
(i.e. asthma, diabetes, epilepsy)

EMERGENCY CONTACT PERSON AND PHONE# (OTHER THAN PARENTS/GUARDIANS)

I DO HEREBY RELEASE WLE AND ALL OTHERS FROM ANY AND ALL CLAIMS RESULTING FROM THIS ACTIVITY.

|   |             |
|---|-------------|
| <b>I hereby understand the obligations required of me as outlined above in the Parent Participation Requirements.</b> |             |
| _____   | _____       |
| <b>Parent's Signature</b>   | <b>Date</b> |