

WAAC at Lakeway

Register NOW !!

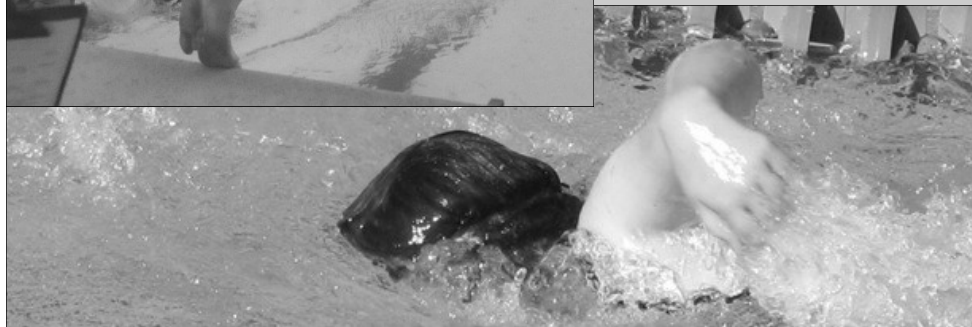
263-4282

www.wfly.com

becky@wfly.com



Meet the Coaches,
& Try-Outs
Aug. 24 & 25
4:30—6 pm



Fall Youth Swim Programs Lakeway Swim Center



Fall Programs start Aug. 29 !!

**Improve
Swimming!
Have Fun!**
Classes meet
M-Th,
pick days

- *Goldfish Classes (Ages 4-8 years old)*
Aug. 29— Oct. 24 M-Th \$195
For young swimmers who happily swim 8-10 feet with face in the water.
- *Dolphin (ages 5-9) & Shark (ages 9 & older)*
Aug. 29-Nov. 23 M-Th \$165
For swimmers who can easily swim across 25 yard pool and want to learn/improve strokes
- *USA Elite Swim Team (ages 7-high school)*
Aug. 29—Apr. 26 M-Th
For swimmers who know the four strokes and can easily swim continuous 25 distances.

West Austin Athletic Club

Fall Swim Programs at Lakeway

Goldfish Classes Ages 4-8 years old

Aug. 29-Oct. 24 Mon-Thurs Cost \$195 (Come 2-4 days per week)

4-4:30, 4:30-5, 5-5:30 Classes are limited to 6 participants.

Swimmers must happily swim with face in water and be able to submerge head under water, float without assistance, and swim 8-10 feet unassisted. Goldfish learn proper freestyle and backstroke including side breathing.

They also learn to swim further distances with the goal to swim across the pool.

Dolphin & Shark Swim Groups (Dolphin ages 5-9, Sharks ages 9 & older) (Come 2-4 days per week)

Aug. 29-Nov. 23 Mon-Thurs Cost: \$165

Dolphin 4-4:45, Shark 4:45-5:30

Swimmers must swim with face in the water and be able to swim in any fashion across a 25-yard pool confidently and without assistance. Swim groups participants learn/review and improve the four competitive strokes of free-style, backstroke, breaststroke, and butterfly. Participants also work on racing dives & participate in optional rec swim meets.

USA Elite Swim Team Ages 7-high school (Come 2-4 days per week)

Aug. 29-Apr. 26 Monday-Thursday 5:30-6:45 \$80/month One time team fee: \$50

(Note: After Thanksgiving group will be divided 4-5:15 9 & younger, 5:15-6:45 9 & older)

Swimmers should know four competitive strokes and be comfortable swimming continuous laps. Group works on stroke technique, endurance, and interval training. Practice includes dry-land exercises. This group attends USA Swimming meets throughout the short course season. All participants in this program must register for USA Swimming which is \$68 annually.

Registration Form: (For USA Swim Team registration form please go to www.wfly.com)

Participant's Name: _____ Birthdate: _____

Parents: _____ Phones: _____

Address: _____ Zip: _____

Email Address: _____

Full payment for Goldfish, Dolphin, and Shark is due with registration form and is non-refundable. If WAAC has a different program which better serves the swimmer, then these funds will be transferred. Team fee, first month training fee, and USA Swim fee is required for USA Team. New swimmers must also provide a copy of their birth certificate or passport. Each month training fees are due by the 10th. Fees received after the 11th will be charged a \$20 late fee.

Return form with payment to: West Austin Athletic Club, 1024 Patterson Rd. 78733 (fax: 263-0131, email: becky@wfly.com).

Payment: Member charge _____, check, or Credit Card (on-line Google check out at www.wfly.com)

Medical Information & Parental Consent:

I, the minor's parent and/or legal guardian, understand the nature of fitness activities of West Austin Athletic Club's Swim Classes, and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees (West Austin Athletic Club, their administrators, directors, agents, owners, members, volunteers, and employees, AND The City of Lakeway Aquatic Center staff) from all liability, claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise including negligent rescue operations, and further agree that if, despite this release, I, the minor's parent and/or legal guardian, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cause any may incur as the result of any such claim. I give West Austin Athletic Club and its Releasees permission to perform medical treatment for the minor child as needed. Included on another sheet is information about my child's medical history and emergency contacts.

Parent's Signature & Date: _____