



# Cape May Waves Swim Team

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: **Try-Outs for new swimmers only** :  
: **Weds. Oct. 5, 6pm, Crest Haven Pool** :  
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**Practice begins Monday October 3  
U.S. Coast Guard Base**

**Waves Practice Schedule:**  
**Monday, Tuesday, Thursday & Friday**  
**U.S. Coast Guard Base**  
**4:30 - 6:00 pm**  
**Wednesday**  
**Crest Haven Special Services Pool**  
**Oct. 5, 6 - 7:30 pm**

**Team Fee: \$300.**  
October - February

Ages 6 - 18 Competitive Swim Training  
50 meter & 25 yard heated indoor pools  
Experienced Training Staff

For more information please call  
Cape May Recreation @ 884-9565  
or email [recdept@capemaycity.com](mailto:recdept@capemaycity.com)  
Mail Payment & Registration Form below to

**Cape May Recreation,**  
643 Washington St.,  
Cape May, NJ, 08204

Please make checks payable to: **City of Cape May**



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2011 - 2012 Swim Team Registration Form

Swimmer's Name \_\_\_\_\_

Gender \_\_\_\_\_ Age (by Dec. 1st) \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ zip \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (work/day) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Number & Name  
(other than above in case you can not be reached) \_\_\_\_\_

Parent's Volunteer Agreement - By signing this agreement and joining the Cape May Waves Swim Team, the swimmers' Parent(s)/Guardian(s) agree to volunteer their time working an assigned job at a minimum of (2)two swim meets.

Waiver for Participant - In consideration of accepting my/our child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Cape May or school district and it's representatives, successors and assigns for any and all injuries suffered by me or my child at any activity sponsored by these groups.

Parent or guardian signature \_\_\_\_\_

\_\_\_\_\_, YES!, Please share my phone number with team members in my area, I AM interested in car pooling!