



**BOYS & GIRLS CLUB  
OF GREATER NASHUA**

Welcome to the Boys & Girls Club of Greater Nashua



We are happy to announce the opening of the 2010–2011 Boys & Girls Club of Greater Nashua Fall Swimming Season. The Boys & Girls Club Swim Team participates in the 15 team NENEAPC Boys & Girls Club Dual Meet Swim League, with meets against other Boys and Girls Club teams from Eastern Massachusetts and Southern New Hampshire. During this season the team expects to participate in 10 dual/tri meets against all league rivals, highlighted by the League Sectional Championship in early February. Competition is held in a coed format with boys and girls swimming together. Age for all swimmers is based upon their age as of September 1, 2010. In addition to league competition, the team will be conducting independent meets against such high caliber opponents as the Peterborough Wavemakers, the Salem Boys & Girls Club Raiders and Hampshire Hills Seawolves. These meets will be held following USA Swimming format, with boys swimming against boys and girls competing against girls. Swimmers will also swim their age as of the day of the meet. Those team members interested in USA swimming will be afforded the opportunity to participate in USA specialty meets, which will be posted by the coaching staff. Participation in this part of the program is strictly voluntary. Team competition is expected to begin on the last weekend in October.

Practices for all team members are held weekly on Monday, Tuesday, Thursday and Friday. Practices will be held according to ability level from Beginner Level, through Intermediate and Advanced. Sessions I, II and III. Practices will be scheduled as follows:

**Session I: Monday, Tuesday, and Thursday - 6:00pm – 6:45pm**

**Session II: Monday Tuesday, Thursday – 6:45pm - 7:45pm and Friday 6:00 - 7:30 pm**

**Session III: Monday, Tuesday, Thursday 7:45pm – 9:15pm and Friday 7:30 - 9:15 pm**

All team members are expected at the pool 15 minutes prior to the beginning of practice for warm-up stretching exercises. **Practices for all team members will begin Tuesday night, September 7, 2010.**

**Tryouts for new team members will be conducted beginning on Monday, August 30<sup>th</sup>, Tuesday, August 31<sup>st</sup>, and Thursday, September 2<sup>nd</sup>, 2010 at 6:30 – 8:00 pm.** Swimmers trying out for the team must be able to perform freestyle and backstroke in the distance required for team competition (8 and under 25 yards, 9-12 year olds 50 yards, 13 and up 100 yards). Special consideration will be given to those swimmers with additional stroke ability. Those unable to swim these distances or strokes will be referred to our Aquatics Department for swim lessons. **It should be noted that this is a competitive swim program and not a swim lesson program. This program is also not meant to be a conditioning program for high school swimmers. Those swimmers joining the team are expected to make an active commitment to participation in the teams scheduled meets.** Those not making the meet commitment will be dismissed from the team.

**Current BGCN Swim Team members should report for practice during their 2009-2010 scheduled practice time on Tuesday, September 7, 2010. The coaching staff will make adjustments after the season begins.**

Team registration will cost \$90.00 and is due Tuesday, September 7<sup>th</sup>. This covers the swimmers for the entire season. It should be noted that the goal of this team is to give every available swimmer the opportunity to participate in a quality swim program, regardless of income. Therefore there are a limited number of scholarships available for those unable to pay the required fees. These scholarships are available after a swimmer has made a firm commitment to the team through the first week on the season. For those wishing to make payment arrangements, please see Toni Rose or email her at [antrose99@comcast.net](mailto:antrose99@comcast.net) for further information.

Checks for team registration should be made payable to the BGCN Swim Team. Checks for membership to the Boys & Girls Club should be made payable to the Boys & Club of Greater Nashua.

Additional Information: In order for a swimmer to participate in the Boys & Girls Club Swim Program, all swimmers ages 8 and older must first become a member of the Boys & Girls Club of Greater Nashua. Membership applications may be picked up at the front desk. Membership fees are \$25.00 per year. All new members ages 8 and older must also attend a mandatory orientation. See the front office for details.

How did you hear about our team: \_\_\_\_\_

**Permission Slip/Waiver**

I, Parent/Guardian of \_\_\_\_\_ do hereby grant the Boys & Girls Club Of Greater Nashua permission to use any film, photographs, audio/and or video takes taken of him/her for the purpose of informing the public about the Boys & Girls Club Swim team. I further grant the right to exhibit, distribute, sell or otherwise dispose of these films, photographs, audio and videotapes as they see fit.

I hereby, for the applicant, myself, executors and administrators waive and release all rights and claims for all damages, injuries or liabilities which I may have against the Boys & Girls Club Swim Team, as well as any other agency involved, in connection with participation in it's programs and activities, including transportation by Boys & Girls Clubs Swim Team vehicles.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent or Legal Guardian

2010 Boys & Girls Club of Greater Nashua Fall Swim Team  
Application for Membership  
Boys & Girls Club of Greater Nashua  
47 Grand Avenue  
Nashua, NH 03060

Please Print All Information and Answer All Questions

Name: \_\_\_\_\_  
Last First Middle

Circle One: Male/Female Age: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Club member status: New Member Current Member – Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*Email Address: \_\_\_\_\_

Primary Telephone: (For Phone Tree Contact) \_\_\_\_\_

Level of Swimming Experience: \_\_\_\_\_

I live with my: (please check one)

\_\_\_\_\_ Mother & Father \_\_\_\_\_ Father & Stepmother \_\_\_\_\_ Guardians  
\_\_\_\_\_ Mother Only \_\_\_\_\_ Mother & Stepfather \_\_\_\_\_ Relatives  
\_\_\_\_\_ Father Only \_\_\_\_\_ Foster Parents \_\_\_\_\_ Adoptive Parents

Please List Legal Guardians:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last Name First Name Middle  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last Name First Name Middle  
Address \_\_\_\_\_ Phone: \_\_\_\_\_

If the person above is not available in the event of an emergency notify:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please List any medical restrictions or allergies your child might have \_\_\_\_\_

Please list any current special treatment or medication your child receives: \_\_\_\_\_

General Information:	Yes	No		Yes	No
Asthma	( )	( )	Diabetes	( )	( )
Cancer/leukemia	( )	( )	Hemophilia	( )	( )
Convulsions/seizures	( )	( )	Heart Trouble	( )	( )
High Blood Pressure	( )	( )	Hyperactivity	( )	( )
Attention Deficit	( )	( )	Tourettes Syndrome	( )	( )

Explain: \_\_\_\_\_

In case of emergency, I understand that every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the Coaches and Assistant Coaches and other medical staff to administer simple first aid and when necessary to transport my child to a hospital or other emergency facility to receive emergency medical care., including hospitalization, anesthesia, surgery or injections of medication for my child.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_