

TRINITY FELLOWSHIP CHURCH

Education Ministry
Genesis Academy Christian School
Sports Ministry's
Team Genesis Sports
LOVE Sports

2021 Phase I of LOVE Swimming Swim Club's Progressive Conditioning Program Registration Sign-up Form

Our Phase I Progressive Conditioning Program is designed for the Swim America School-Age Station 3 or higher Swimmer to be conditioned so that they can improve and better develop their Strength, Endurance, Power, Mental and Physical Speed

Date Received: _____

By: _____

2021 Phase I Progressive Conditional Program Swimmer Information:

Name: _____

Sign-up Date: _____ Age: ____ Grade in School/College: ____ DOB: _____ Gender: _____

Team: _____ Training Group: _____

Parent Information: **Mother:** _____ **Father:** _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Employer: _____ Employer: _____
Email: _____ Email: _____

Mailing Address:
Street: _____ City: _____ State: _____

Payment: Make Checks Payable to **Trinity Fellowship** & mail to:
Full Payment is required prior to start of the Phase 1 Progressive Conditioning Program Payment(s) pay at: shop.loveswimming.org

Attn: Phase I Program Director
LOVE Swimming Phase 1 Program
8144 Terre Bleue Dr.
Bonne Terre, Missouri 63628

Billing Address: If different from Mailing Address.

Street: _____

City: _____ State: _____

Phone: _____ Cell: _____ (AMEX, Discover, Visa, Master Card): _____

Credit/Debit Card: _____ 3 Digit#: _____ Expiration Date (xx/xxxx): _____

Name of Card: _____ Total \$ to Charge/Debit: _____

LOVE Swimming Swim Club's Phase 1 Progressive Conditioning Program will be conducted at the
Farmington Civic Center, 2 Black Knight Drive, Farmington, MO. 63640

8144 Terre Bleue Drive * P.O. Box 345 * Bonne Terre, Missouri 63628

573-358-7727 Office/Fax * 573-366-0410 Cell

Email chico@il.net * web address: www.loveswimming.org

"Love one another. As I have loved you, so you must love one another". John 13:34

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2020 Phase I Progressive Conditioning Program Sign-up & Registration Forms

Phase I Progressive Conditioning Program Costs Payment Deadline: Monday, January 4, 2021

Phase I Progressive Conditioning Program Dates (1 hour Practices) Program Cost \$720 or \$140 per month for (5 Sessions/60 Practices)
(1 hour Practices) Weekly Program Cost \$45 per week (Swimmer is required to schedule a Minimum of 5 Weeks/ Weeks cannot be split)
(1 hour Practices) Daily Program Cost \$15 per day (Swimmer is required to schedule a Minimum of 12 days)
Monthly, Weekly & Daily Swimmers are Welcome
1st Come 1st Serve Based on Space Available

Phase I Progressive Conditioning Program is not prorated. All swimmers ages 6 or younger are required to have approval from the Swim Program Director to participate. Payment in full is required by the Phase I Progressive Conditioning Program payment deadline. Missed sessions are not refundable. Practices last for 1 hour. Water bottles and proper attire including swim clothing, swim gear, swim equipment, gym clothes, gym shoes, etc. are required for all training sessions. For questions, please contact Mrs. Alice Oates, Swim Program Coach, at 573-358-7727 or email: programs@loveswimming.org

Waiver: I or I as the legal parent/guardian of a participant in LOVE Swimming's Phase I Progressive Conditioning Program, as represented by this registration, agree to hold "LOVE Swimming, Team Genesis, Trinity Fellowship and its officers and its agents free and harmless from any claim or expense that may arise due to participation in this program.

Parent/guardian if swimmer is under 18 years old

Swimmers Name & Training Group

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LIABILITY RELEASE AND INDEMNIFICATION FORM

I, the undersigned participant and parent, request voluntary participation for minor to participate in all events, which are hereinafter referred to as the “activities.” sponsored by Team Genesis Swim Club & LOVE Swimming Swim Club, USA Swimming and its local swimming committees. This agreement is valid while the participant is a member of USA Swimming.

I consent to my/minor’s participation in the activities and acknowledge that the minor and I fully understand my/minor’s participation may involve risk of serious injury or death, including losses which may result not only from my/minor’s own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before any activities begins.

Release – Minor’s Rights:

In consideration of allowing Minor Participant to participate in the activities, I hereby release and hold harmless Team Genesis Swim Club & LOVE Swimming Swim Club, USA Swimming and its local swimming committee and their members of its board of directors, officers, employees, volunteers, other participants, and agents (collectively, the “Released Parties”), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

(Printed name of minor)

(Signature of minor)

(Date)

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Release – Parents’/Guardians’ Rights:

In consideration of allowing Minor Participant to participate in this USA Swimming event, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant’s participation in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

(Print name of Parent/Guardian) (Signature of Parent/Guardian) (Date)

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor’s personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

(Print name of Parent/Guardian) (Signature of Parent/Guardian) (Date)

Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant’s participation in the activities. The undersigned also agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasee and is intended to be as broad and inclusive as is permitted by the laws of the State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

(Print name of Parent/Guardian) (Signature of Parent/Guardian) (Date)

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Hold Harmless Waiver

It is my intent as a participant or swimmer in Swim Team activities for Team Genesis Swim Club or LOVE Swimming Swim Club sanctioned activities, while participating during activities including any pre-swimming or post-swimming activities at the Farmington Civic Center, 2 Black Knight Drive, Farmington, Missouri 63640 that I am agreeable to the following:

I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:

An outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof;

In consideration of having the opportunity to participate as either a team member, participant or competitor at location, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify Trinity Fellowship Sports Ministry, Team Genesis Swim Club & LOVE Swimming Swim Club and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below.

Printed Name _____ Date: _____

Signature _____ Date: _____

TRINITY FELLOWSHIP CHURCH

December 20, 2020

Greetings:

We are very excited to restart our Annual Swimming Program. We welcome back ALL of our swimmers. Our Swim Team snacks are out indefinitely. Swimmers will need to eat prior to training. We all must continue to remain steadfast and encouraged in our prayers for a treatment and/or vaccine for COVID-19.

Our Phase I Progressive Conditioning Program will consist of conditioning, water strength and aerobic training. Our practices will start with Conditioning, then Skills and Drills, then Building up of Swimmers Kick, then the Development of Good Long Strokes, then Body Posture and then Flip Turns. Our main focus will be on local Winter/Spring/Summer 2021 swim competitions while improving skills with drills.

Phase I of our Progressive Conditioning Program will officially restart on Monday, January 4, 2021 at the Farmington Civic Center, 2 Black Knight Drive, Farmington, Missouri 63640. We will be conducting our program from 6:00 p.m. – 7:00 p.m. on Monday's, Wednesday's from 6:00 p.m. – 7:00 p.m., and Friday's 6:00 p.m. – 7:00 p.m. Our Phase I Progressive Condition Program is scheduled to run January 4, 2021 through May 28, 2021. There are no classes the week of March 28th, 2021 through April 3rd, 2021 for our Annual Swim Team Spring Break.

There will be no refunds for missed training sessions. Payment or a Program Credit (if a swimmer has money in their account) for Phase I is required to be made prior to the starting of our Phase I program. If you have questions about your Swim Team Account balance, please contact Coach Alice at your convenience.

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Here are the additional requirements for swimmers to participate in our Phase 1 Progressive Conditioning Program scheduled to start Monday, January 4, 2021:

- ALL swimmers will have a temperature check every time they come on deck. If their temperature is **100.4** or higher they will not be allowed to train. If a swimmer does not feel well, please do not attend or bring them to train.
- All swimmers are required to wear a mask to practice and required to wear a mask from practice.
- All swimmers are to wear their swim suit to practice and wear their swim suit from practice. All swimmers are required to bring their own water bottle.
- All swimmers (if minors) are to be – (1) dropped off for practice at the front door and (2) picked up from practice at the front door.
- *All parents are to wait in the car, stay in parking lot, etc. and are not allowed on the pool deck during practice.*
- All swimmers, Parents and Coaches are to be respectful, patient and careful.
- All swimmers are required to be Swim America School Age Station 3 or Higher to participate in our Phase I Progressive Conditioning Program. Adults are welcome.
- Our Training Programs for All swimmers in School Age Swim America Station 2 or less are on hold until further notice. I am sincerely asking and encouraging all of our families to be very patient until we all get this figured out.
- The Farmington Civic Center Locker Rooms are open, however; we strongly recommend that our swimmers do not use the locker rooms. It is our understanding the locker rooms are cleaned once daily at night. In the event of an emergency where one of our swimmers requires the locker room, we will note our records.

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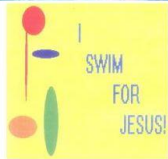
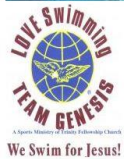
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Finally, please be advised that all of our forms must be completed, signed and submitted by ALL Swimmers and Parents of minor Swimmers including payment prior to participation in Team Genesis Swim Club and LOVE Swimming Swim Club activities.

Respectfully Submitted,



Rudolph Oates, ASCA Level 4 USA Swimming Coach
Head Swim Team Coach and Swim America Program Director
Team Genesis Swim Club and LOVE Swimming
Office and Fax 573.358.7727 | Office Cell 573.366.0410
loveswimming.org & chico@i1.net



 Facebook

Enclosures:

Registration & Payment Form for Phase I Progressive Conditioning Program
Liability Release and Indemnification Form
Hold Harmless Waiver
Sports Physical Examination Form
Payment Authorization Form

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Sports Physical Examination Form

This Form must be completed and submitted to join the Team
(To be completed by Physician)

Date of Physical: _____ Athlete: _____
Last First Middle

Examiner: _____
=====

Date of Birth: _____ Age: _____ Sex: _____ B/P _____ Pulse: _____ Resp: _____ Temp: _____
Month-Date-Year Male/Female

Height: _____ Weight: _____ Lab: Hct _____ U/A _____ PPD _____
Vision: R corrected _____ uncorrected _____
L corrected _____ uncorrected _____
With glasses and or contact lenses R 20/ _____ L 20/ _____ Hearing R _____ L _____

Head: _____	Eyes: _____	ENT: _____
Mouth & Teeth: _____	Neck & Soft Tissues: _____	Chest: _____
Heart: _____	Lungs: _____	Abdomen: _____
Genitalia: _____	Hernias: _____	Neurological: _____
Skin: _____	Back & Spine: _____	Joints: _____
Maturity Index: _____	Endocrine: _____	General Observations: _____

Allergies: _____

Current Medications: _____

Past History:

Operations: _____

Major Illnesses: _____

Injuries: _____

Based on this history and physical exam, the following abnormalities were found and may need treatment:

SPORTS PARTICIPATION RECOMMENDATIONS

- _____ There is no history or physical findings on this exam which would prohibit this athlete from participating in competitive athletics.
- _____ This athlete should have the following health problems evaluated or treated prior to participating in competitive athletics: _____
- _____ This athlete has health problems which would prohibit him/her from participating in competitive athletics.

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____

Advanced Nurse Practitioner's Signature: _____ Date: _____

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(Physician's Signature must appear also, if examination is given by a PA or Advanced Nurse Practitioner in written collaborative practice with physician).

ATHLETE MEDICAL HISTORY QUESTIONNAIRE

(To be completed by athlete or parent)

Name: _____ Sport: _____
Last First Middle

Address: _____
Street City State Zip

Emergency Contact: _____ Phone: (____) _____

Athlete's Doctor: _____ Phone: (____) _____

Athlete's Doctor's Address: _____
Street City State Zip

===== Athlete or Parent is

to check each box that applies and provide additional details at the end of this questionnaire.

- 1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)
- 2. Do you take any prescribed medication on a permanent or semi-permanent basis (steroids, insulin, anti – inflammatory, antibiotics, etc.)
- 3. Have you ever had an epileptic seizure?
- 4. Have you ever been told by a doctor that you have epilepsy?
- 5. Have you ever been treated for diabetes?
- 6. Have you ever been told by a doctor that you were anemic?
- 7. Have you ever been told by a doctor that you have sickle cell anemia?
- 8. Do you have or have you ever had high blood pressure?
- 9. Do you have, or have you ever had, the following diseases? Heart disease (heart murmur, rheumatic fever, other), Lung disease (pneumonia, other), Kidney disease (infections, other), Liver disease (mononucleosis, hepatitis, other).
- 10. Have you ever been told by a doctor that you have asthma?
- 11. Do you have or have you ever had a hernia or "rupture"?
- 12. Have you been "knocked out" or become unconscious in the past three years?
- 13. Have you had a concussion or other head injury in the past three years?
- 14. Have you stayed overnight in a hospital due to a head injury?
- 15. Have you ever had a neck injury involving bones, nerves, or disks that disabled you for a week or longer?
- 16. Do you wear glasses or contacts during competition?
- 17. Do you wear any of the following dental appliances: Permanent Bridge, Braces, Removable retainer, Permanent retainer, Removable partial plate, Full plate, Permanent crown or jacket?
- 18. Have you had a broken bone (fracture) in the past two years?
- 19. Have you had a shoulder injury in the past two years that disabled you for a week or longer (dislocation, separation, etc.)?
- 20. Have you ever had shoulder surgery?
- 21. Have you ever injured your back?
- 22. Do you have back pain?
- 23. Have you injured your knee in the past two years?
- 24. Have you been told by a doctor or athletic trainer that you injured the cartilage in your knee?
- 25. Have you ever had knee surgery?

CONTINUED ON NEXT PAGE

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ATHLETE MEDICAL HISTORY QUESTIONNAIRE CONTINUED

(To be completed by athlete or parent)

- 26. Have you had a severe ankle sprain in the past two years?
- 27. Do you have a pin, screw, or plate in your body?
- 28. Do you have any other conditions that we should be aware of (i.e., ulcers, pregnancy, food or insect allergies, tendinitis, Mental/Physical/Visual disorders, etc?)
- 29. Please give the dates of your last tetanus and polio shots: Tetanus: _____ Polio: _____

Please provide additional details for all questions checked on this Athlete Medical History Questionnaire:

Question Number:

Details:

This Athlete Medical Questionnaire has been answered completely and truthfully to the best of my knowledge.

Signature of Athlete (or parent if athlete is a minor)

Date

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Dates of Immunization

Name: _____

Address: _____ City _____ St. _____ Zip _____

Date of Birth: _____ Male _____ Female _____

Vaccine	Date Given	Physician/Clinic
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DTP,DTAP or DT	_____	_____
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DT	_____	_____
----	-------	-------

OPV/IPV (polio)	_____	_____
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MMR	_____	_____
-----	-------	-------

HIB	_____	_____
-----	-------	-------

HEP B	_____	_____
-------	-------	-------

HEP A	_____	_____
-------	-------	-------

TD	_____	_____
----	-------	-------

MENINGOCCAL	_____	_____
-------------	-------	-------

PNEUMOCOCCAL CONJUGATE	_____	_____
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INFLUENZA	_____	_____
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TB Date Given	_____	Date Read _____	Results _____
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Allergies: _____

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Payment Authorization & Information Form

To set up a recurring payment you are required to complete, sign and submit this form. This form is **REQUIRED FOR ALL** programs that have membership payment options.

2020-2021 Annual Swim Season

Membership Payment Options are available for:

- Phase 1 Progressive Conditioning Program (\$720.00)
- Competitive Level Swim Programs (see cost @ shop.loveswimming.org),
 - Personal Best Time Meet Entry Fee (\$104.00) - Annual
 - Swim Meet Admin non-Championship Meet Fee (\$200.00) - Annual
- Swim Meet Admin Fee -Championship Swim Meets (\$120.00) - Annual
- Short-Course Endurance Swim Camp (\$300.00) September - March
 - Long-Course Endurance Swim Camp (\$280.00) April - August

Membership Payment Options cannot be used for:

- Registration & Membership Sign-up Fees,
- Swim America Classes (Group & Private, Infant/Child, Youth & Adult),
 - Host Team Swim Meet Entry Fees
 - Technique Swim Clinics,
 - Pre-Season Swim Camps,
 - Championship Training Swim Camps,
 - Winter Training Swim Camps,
 - Swim Apparel, Gear & Equipment

Please select payment option number below. ALL Monthly payments (ACH Check, Debit/Credit card) are due on the 1st day of each month and will be deducted from your account on the 1st day of each month. For payment option #2 or #3 you can make up to 6 monthly payments for Short Course Season (SCS) which is September 1st through March 1st and 4 monthly payments for the Long Course Season (LCS) which is April 1st through July 1st.

For total monthly payment due take total payment and divide by 7 for short course season or 5 for long course season and add \$4.50 per monthly payment to get total monthly payment amount.

A \$4.50 Processing Fee for processing monthly payments and will be added to each monthly payment. A \$75 late fee will be charged if Registration Sign-up & Membership fee is not paid by August 31st of each year for the Annual Swim Season (August - March) and March 31st of each year for the Long-Course Swim Season (April –August). Registration Sign-up & Membership Fees cannot be discounted.

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Payment Authorization & Information Form Continued

*Registration & Down payment Fees are both due upfront at Registration (August)

Payment Option#1 (5% program discount): \$Amount: _____ (Registration & Program Fees)
(August)

Payment Option #2 (2% program discount):

*Registration \$: _____ Down Payment\$ (Minimum 50%): _____ Monthly Payment\$ (2 payments) _____
(November & February)

Payment Option #3 (no discounts):

*Registration \$: _____ and Monthly Payment (10 payments total) \$: _____ (September, October,
November, December, January, February, March, April, May, & June)

Payment Type:

(ACH) Check _____ Bank Routing # _____ Checking Account # _____
Debit/Credit Card _____ MasterCard _____ Visa _____ Discover _____ America Express _____

Debit/Credit Card Number: _____

Expiration Date: _____ Security ID (3 Digit #): _____

Name on Account: _____

Organization (if applicable):

Signature: _____

Notes (Describe what your payments are for):

Athlete Name(s): _____ as a participant or
as a parent/ legal guardian in the Trinity Fellowship Sports Ministry Program represented by the registration and payment form, I
agree to hold Trinity Fellowship, Team Genesis Swim Club, LOVE Swimming and its officers and agents free and harmless from any
claim or expense that may arise due to my participation in this program.

Signature: _____ Date: _____

You can mail ALL registration and payment information to: Trinity Fellowship, P.O. Box 345, Bonne Terre, Missouri 63628 or you
can make debit credit card payments on-line at shop.loveswimming.org. You can Fax Program Sign-up and ALL Payment
Information to 573-358-7727 or email Sign-up and ALL Payment information to programs@loveswimmng.org.

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Below is listed all 5 Sessions for our
2021 Phase I Conditioning Program and Practice dates:
This Schedule is Tentative & Subject to Change.

Session	Dates	Practices	Weeks
I	(1/4,1/6,1/8) (1/11,1/13,1/15) (1/18*,1/20,1/22) (1/25, 1/27,1/29)	12 Practices - 19 th or 21 st *	4 Weeks
II	(2/1, 2/3, 2/5) (2/8, 2/10, 2/12) (2/15*,2/17,2/17) (2/22, 2/24,2/26)	12 Practices - 16 th *	4 Weeks
III	(3/1, 3/3, 3/5) (3/8, 3/10, 3/12) (3/15, 3/17,3/19) (3/22,3/24,3/26*)	12 Practices - 23 rd *	4 Weeks
IV	(4/5*, 4/7, 4/9) (4/12, 4/14,4/16) (4/19, 4/21,4/23) (4/26, 4/28,4/30)	12 Practices- 6 th *	4 Weeks
V	(5/3, 5/5, 5/7) (5/10,5/12,5/14) (5/17,5/19,5/21) (5/24,5/26,5/28)	12 Practices	4 Weeks

***Designates a substitution date and will be confirmed prior to the date of the class**

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