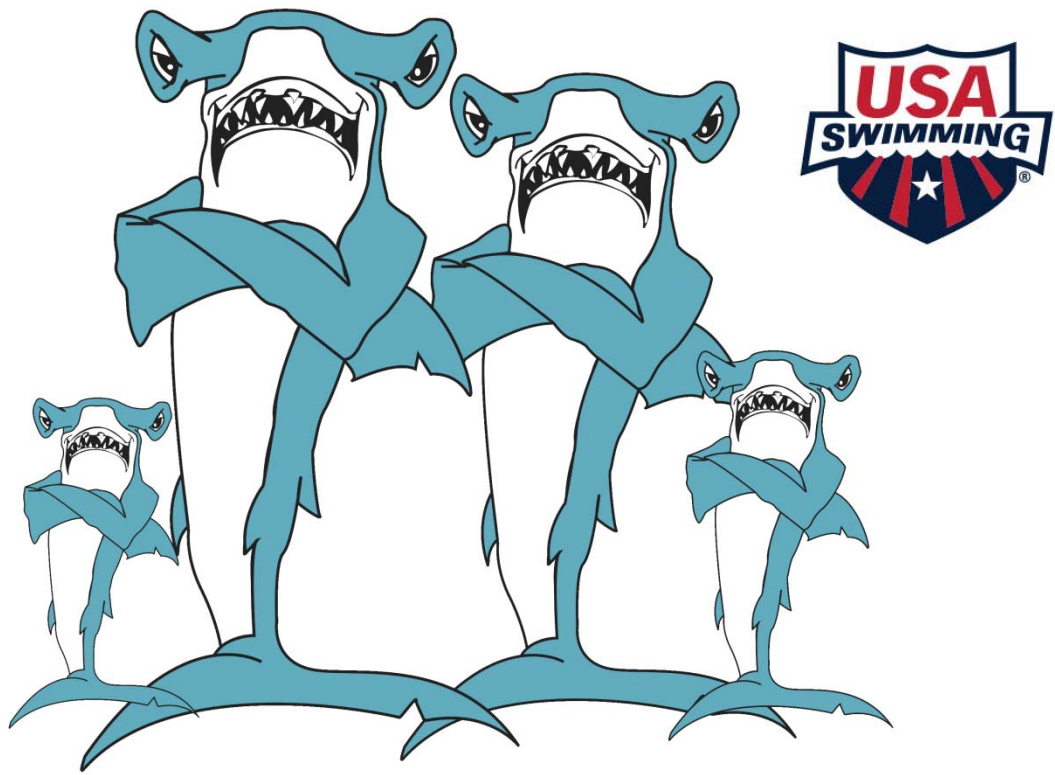


Welcome to the Hammerheads Swim Team!



Information Packet

Hammerheads Swim Team

2015-2016

Welcome!

HEALTHQUEST HAMMERHEADS TEAM PHILOSOPHY

HealthQuest Hammerheads objective is to work with the swimmers and parents to maximize the swimmer's individual potential and performance. We focus on stroke technique coupled with endurance training. Practices are structured according to ability. HealthQuest Hammerheads have the goal to ensure all of our athletes have a positive and successful swimming experience. Here at HealthQuest we emphasize the values of conditioning, commitment, and above all else teamwork and sportsmanship.

WHO IS HERE TO HELP



JENNING FISCHER, AQUATICS MANAGER

Jenning received her Bachelor's degree from Kutztown University in Leisure and Sport Studies with double minors in Business and Dance. Jennings started working with HealthQuest in 2001 as a lifeguard, became a swim instructor and now works as the Aquatics Office Manager. Jennings works full time as a professional dance teacher while continuing her love for aquatics at HealthQuest as well.

JEAN MILLER, HEAD COACH

Jean has been the HealthQuest Hammerheads Head Swim Team Coach since 2001. Also starting in 2001, Jean has worked with our Swim School program in continuously progressing the education of young swimmers and their ability to swim. She enjoys coaching, swimming, and working with children. Jean's biggest accomplishments come from her students and swim team participants that reach their fullest potential and improve through practice and hard work.

AQUATICS DEPARTMENT CONTACTS

JENNING FISCHER | AQUATICS MANAGER / USA ADVISOR | (908) 782-4009 EXT. 251

fischer@healthquest-fitness.com

JEAN MILLER | HAMMERHEADS HEAD COACH | HQSWIM@GMAIL.COM

PRACTICE SCHEDULES

HAMMERHEADS | USA

→ Schedules are subject to change pending enrollment.

	Monday	Tuesday	Wednesday	Thursday
Beginner	4:15 – 5:15	5:15 – 6:15	4:15 – 5:15	5:15 – 6:15
Intermediate	5:15 – 6:30	4:15 – 5:30	5:15 – 6:30	4:15 – 5:30
Advanced**	6:15 – 8	6:15 – 8	6:15 – 8	6:15 – 8

**Sunday practice 6 – 7 pm for advanced swimmers

- USA swimmers are expected to be at each scheduled practice.
- If a personal matter arises, please see the Aquatics Director or USA Head Coach.

HAMMERHEADS | LEAGUE

	Monday	Tuesday	Wednesday	Thursday
Beginner	4:15 - 5	5:15 – 6	4:15 - 5	5:15 – 6
Intermediate	5 – 6	4:15 – 5:15	5 – 6	4:15 – 5:15
Advanced	6:15 – 7:30	6:15 – 7:30	6:15 – 7:30	6:15 – 7:30

Beginner swimmers may choose any 2 practices* per week.

Intermediate swimmers may choose any 3 practices* per week.

Advanced swimmers may choose any 4 practices* per week.

*As a reminder, we ask that all swimmers remain open-minded and trust their coaches when corrections are given. Swimmers should always use proper lap etiquette, such as not interfering with other lap swimmers throughout practice times, or recreational. When passing a swimmer with not as much endurance, please do so in a safe manner.

* Arrive 10-15 minutes before the swimmer's scheduled time. This will ensure accuracy for all practice schedules throughout the evenings. When the swimmer has arrived, please put all belongings away in an orderly fashion (Family Locker Room) and remain in the Dry-Lounge until your coach has come to get you.

* We ask that all swimmers under the age of 13 have a parent/guardian with them at all times in case of an emergency. Please inform the coach(es) of the parent/guardian's whereabouts if they decide to not sit in the Dry-Lounge during the child's scheduled practice time.

SWIM MEETS

Team swim meets will be schedule throughout the season. HealthQuest will host at least four home swim meets, all taking place on Sundays. Away meets are mainly held on Saturday mornings and are close in travel time. Away meets do not exceed a two hour commute.

DURING SWIM MEETS:

- All swimmers must exhibit great sportsmanship towards the opposing team(s).
- Hammerheads gear should always be represented at the swim meets, whether home or away. Accepted items are: Hammerheads bathing suit, Hammerheads cap, swim goggles, and Hammerheads swim team bag, t-shirts and sweatshirts if purchased.
- Be alert to when and where you should be for the start of the race. As the swimmer, you should not interfere with the start times of a race. This causes delay starts.
- Notify the Hammerheads coach or staff member before leaving the pool deck. This will ensure all swimmers are always accounted for.
- Clean up after yourself when eating, drinking, or being in a certain location of the pool for a long period of time. Keeping a clean, professional atmosphere will ensure a positive outlook for the team.
- Always be supportive of your teammates as well. Whether win or lose, you are still a team.
- While we understand that situations may arise, Hammerheads Coach and staff members ask that all swimmers stay for the duration of the meet and final cheer for the team.

COMMUNICATION

With having a lot of members as a part of our swim team, it is imperative that communication is clear and precise. Please update the Hammerheads Coach or Aquatics Manager/USA Advisor on any changes with personal information (phone numbers, e-mail addresses, home addresses, etc.) so that we may keep everyone informed of any changes made.

The HealthQuest Hammerheads website is found on www.healthquest-fitness.com

The website is continuously updated throughout the season with meet times/changes, results and all other information in regards to the team.

CANCELLATIONS

If inclement weather does arise, please call HealthQuest, (908) 782-4009 ext. 251, or the Front Desk at extension 0. All cancellations or changes in schedules will be announced through "*Team Unify*" notifications. If you do not receive our "*Team Unify*" notifications, please see either the Aquatics Manager or Hammerheads Staff members.



2015-16 HealthQuest Winter Swim Team Swimmer Registration Form



LAST NAME:

FIRST NAME:

HQ MEMBER: ___Y ___N

Sex: Birthdate: Age: T-Shirt Size:

PARENT/GUARDIAN INFORMATION:

Mother's Name: Father's Name:

Address:

City: State: Zip Code:

Mother's Email: Father's Email:

Mother's Phone #: Daytime: Evening:

Father's Phone #: Daytime: Evening:

ALTERNATE CONTACT INFORMATION:

Name: Relationship:

Daytime Phone #: Evening Phone #:

MEDICAL INFORMATION REQUESTED:

Any medications, please list:

Any allergies: ___No ___ Yes (if so, please list)

Surgery within the last 6 Months: ___ No ___ Yes (if so, please explain)

Any recent medical conditions: ___ No ___ Yes (if so, please explain)

USA SWIM TEAM FEE STRUCTURE

___ Beg ___ Inter ___ Adv (Swim Coach Initials___)

Non-Refundable Registration Fee \$100 & Meet Fee \$50

MONTHLY FEE*	MEM	2nd Child	NON MEM	2nd Child
BEGINNER	\$115	\$110	\$127	\$121
INTERMEDIATE	\$125	\$120	\$137	\$131
ADVANCED	\$145	\$140	\$157	\$151

*Season Runs Sept to Apr - Early Buyout Fee Applies

___ I am registering my swimmer for USA Swim Team

REC LEAGUE SWIM TEAM FEE STRUCTURE

___ Beg ___ Inter/ Adv (Swim Coach Initials___)

TOTAL FEE	MEM	2nd Child	NON MEM	2nd Child
SWIMMER	\$630	\$600	\$835	\$795

___ I would like to make 2 equal payments.

Season Runs September to April

___ I am registering my swimmer for Rec League Only

RELEASE STATEMENT

I, the parent/guardian of the registrant, a minor, or an adult registrant of legal age, agree that the registrant and I will abide by the rules of HealthQuest, its' affiliated organizations and sponsors. Recognizing the possibilities of physical injury associated with leagues and in consideration for HealthQuest accepting the registrant for its league programs and activities, I hereby release, discharge, and/or otherwise indemnify HealthQuest, its' officers, coaches, managers, referees, affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the league program, against any claim by or on that the registrant as a result of the registrant's actions. I affirm the registrant is in sound physical and healthy condition and that the athlete is covered by health/accident insurance secured independently. As a parent/guardian of the registrant, I hereby give my permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of my dependent.

Method of Payment: ☐ Cash ☐ Check # _____ ☐ Charge to HQ Account – Scan Card # _____☐ Credit Card – Circle One: AMEX DISCOVER MASTERCARD VISA

Card Number: _____ Exp Date: _____

Signature of Parent/Guardian:

Date:

Swimmer must be current with their payment schedule in order to be competitive with the Hammerheads Swim Team.

___ Pay in FULL by 9/15 ___ EFT Payments Amount Paid at Registration \$ _____



___ Are you interested in Parisi Speed School "Land Training" on Fridays for \$225 for 26 Sessions?