

SwimAmerica™

Fall 2010

Register early to receive discounted pricing!
Autumn Kappes, Program Director: 262-893-2979

REGISTER BY JULY 28TH AND RECEIVE \$10 OFF EACH SWIMMER!

SwimAmerica Swimming Fall Session September 7 - November 22, 2010

Class times:

Mondays	_____ 6:00 PM	_____ 6:45 PM
Tuesdays	_____ 6:00 PM	_____ 6:45 PM
Wednesdays	_____ 6:00 PM	_____ 6:45 PM
Saturdays	_____ 11:00 AM	_____ 11:45 AM _____ 12:30 PM _____ 1:15 PM

(Swimmers come once a week for 11 weeks.)

Cost: \$120 first swimmer/
\$105 each additional swimmer

All swim lessons held at Waukesha West High School 3301 Saylesville Road
Fax # 262-650-7813 • Mailing address PO BOX 1874 Waukesha, WI 53187



www.waukeshaexpress.org
262-970-0641

The Waukesha Express Swim Team is a program for children of all ages and abilities. Swimmers need to be able to swim 25 yards freestyle and backstroke. There are no practice requirements for beginner swimmers and you only sign up for the meets you want to attend. If you would like more information you can visit our website or call our office.

Express Pre-Competitive Swimming

**Pre-Competitive Swimming Class
High School Prep Swimming Class**

No classes will be offered in fall due to low demand at this time of the year. These groups will resume in the winter session which begins in January. If you are interested, please contact Autumn Kappes at autumn@waukeshaexpress.org.

Express Masters Adult Swimming

Fall/Winter Session

Dates: September 7th - February 28th

Monday, Wednesday, Friday

5:30 - 6:45 AM

Waukesha South High School

Cost: \$250

Swimmers can join at any time and fees will be pro-rated accordingly.

**For more information about
all of the Express swimming programs
visit our website at
www.waukeshaexpress.org.**



FALL 2010 REGISTRATION FORM



Parent/Guardian Name(s): _____
 Address: _____ City: _____ Zip Code: _____
 Telephone (Home): _____
 Emergency Phone Number: _____ (where someone can be reached during practice times/class)
 Cell Phone #(s): _____
 Work Phone #(s): _____

E-mail Address: _____
 It is very important that you give us an email address so you receive all important information regarding your registration. Please be sure to give us an acceptable e-mail in which you can receive information from our program. Confirmation of your registration is sent via e-mail, along with any other e-mails regarding unexpected changes or cancellations due to weather. We do not sell or provide your e-mail address to any third parties.

Swimmer #1
 Name: _____
 Date of Birth: _____ Age: _____ Sex: M F
Registering for: SwimAmerica Masters
(check one)
If registering for SwimAmerica please also provide the following information:
 Class day and time: _____
 Station # _____ (write NEW if this is the swimmer's first time in our lessons)

AMOUNT DUE FOR THIS SWIMMER \$ _____
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Swimmer #2
 Name: _____
 Date of Birth: _____ Age: _____ Sex: M F
Registering for: SwimAmerica Masters
(check one)
If registering for SwimAmerica please also provide the following information:
 Class day and time: _____
 Station # _____ (write NEW if this is the swimmer's first time in our lessons)

AMOUNT DUE FOR THIS SWIMMER \$ _____
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Swimmer #3
 Name: _____
 Date of Birth: _____ Age: _____ Sex: M F
Registering for: SwimAmerica Masters
(check one)
If registering for SwimAmerica please also provide the following information:
 Class day and time: _____
 Station # _____ (write NEW if this is the swimmer's first time in our lessons)

AMOUNT DUE FOR THIS SWIMMER \$ _____
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As a participant or as the legal guardian of the above participant in the SwimAmerica program represented by this registration form, I agree to hold SwimAmerica, Waukesha Express Swim Team, Waukesha West H.S., and its officers and agents free and harmless from any claim or expense that may arise due to participation in this program. I understand there is no refund of swim fees

Signature of parent or guardian (required)

Total Amount Due	\$ _____
Early registration discount if registering by deadline	\$ _____
BALANCE DUE	\$ _____

Cash, Check, MC, VISA, AMEX

Credit Card # _____
 Expiration date _____

Save credit card information for future registrations.