

Name: \_\_\_\_\_

**Cost 70.00 per class registration Saturday March 21st 8 am**

Session I Wednesday - Friday June 10 - June 12  
Monday - Friday June 15 - June 19  
Session II Monday - Thursday June 22 - June 25  
Monday - Thursday June 29 - July 2  
Session III Monday - Thursday July 6 - July 9  
Monday - Thursday July 13 - July 16  
Session IV Monday - Thursday July 20 - July 23  
Monday - Thursday July 27 - July 30  
Advance Monday - Thursday July 6 - July 30  
Swim Class 1 July 6-16 or July 20 -30 (8 days only)  
Camp Class 2 July 6 - July 30 (16 days)

**Session I:** \$ \_\_\_\_\_  
Class I 10:00 am 10:40 am \_\_\_\_\_  
Class II 10:50 am 11:30 am \_\_\_\_\_  
Class III 11:40 am 12:20 pm \_\_\_\_\_  
Class IV 12:30 pm 1:10 pm \_\_\_\_\_  
Class V 1:20 pm 2:00 pm \_\_\_\_\_

**Session II:** \$ \_\_\_\_\_  
Class I 10:00 am 10:40 am \_\_\_\_\_  
Class II 10:50 am 11:30 am \_\_\_\_\_  
Class III 11:40 am 12:20 pm \_\_\_\_\_  
Class IV 12:30 pm 1:10 pm \_\_\_\_\_  
Class V 1:20 pm 2:00 pm \_\_\_\_\_

**Session III:** \$ \_\_\_\_\_  
Class I 10:00 am 10:40 am \_\_\_\_\_  
Class II 10:50 am 11:30 am \_\_\_\_\_  
Class III 11:40 am 12:20 pm \_\_\_\_\_  
Class IV 12:30 am 1:10 pm \_\_\_\_\_

**Session IV:** \$ \_\_\_\_\_  
Class I 10:00 am 10:40 am \_\_\_\_\_  
Class II 10:50 am 11:30 am \_\_\_\_\_  
Class III 11:40 am 12:20 pm \_\_\_\_\_

**Advance Camp:** Students who are level 6 - 8 or ages 11 and older  
Class 1 (8 days Mon-Thur) \$80 12:30 - 2 pm \$ \_\_\_\_\_  
Class 2 (16 days Mon—Thur) \$150 12:30 -2 pm \$ \_\_\_\_\_

**COMMUNITY UNIT SCHOOL DISTRICT 303**

2009

**ST. CHARLES NORTH SUMMER SWIM SCHOOL**

**ST. CHARLES NORTH HIGH SCHOOL**

255 Red Gate Road, St. Charles

(630) 443—5710

FOR REGISTRATION ENTER DOOR 1 (POOL LOBBY)

**New for 2009**

**Advance Swim Camp for ages 11 and older or swimmers who are level 7. This will be a 1 hr and 30 min clinic / camp that focus on competitive swimming strokes. This camp will be 8 or 16 days long from July 6 - July 30**

**Registration Saturday**

**March 21st**

**8 am—10 am**

**Cash, check or credit  
accepted.**

**Please enter door 1**



**Robert Rooney, Head Swim Coach**

**(630) 443-5710**

**John Rutter, Athletic Director**

**(630) 443-5706**

**Parents and Swimmers,**

Yes, summer is just around the corner and we are busy planning the SCN Summer Swim School. This year we have made a few changes in the number of sessions and added an advanced swim session for Jr. High and High School age students during July. All our lessons are semi-private with a 3 to 1 ratio. All our swimmers must be at least 5 years old. We have set our registration day for Saturday, March 21st from 8 -10 am. **Registration is first come first serve.**

All the registration information will be available on-line. To access the SCN swim school information on line you can go to [WWW.D303.org](http://WWW.D303.org) or [www.athletics2000.com/scn](http://www.athletics2000.com/scn).

Please bring your enrollment forms with you to the registration. **DO NOT MAIL IN YOUR FORMS.**

Please keep in mind that this program is exclusively for residents of  
Community Unit School District 303

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: Information is available on the St. Charles web- :  
: site [www.d303.org](http://www.d303.org) or if you have questions :  
: call Robert Rooney at :  
: (630) 443-5710 or email [rrooney@d303.org](mailto:rrooney@d303.org) :  
:.....

**EMERGENCY MEDICAL INFORMATION**

**The following information is furnished so that my son/daughter may receive proper care in the event of an injury:**

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Student ID # \_\_\_\_\_

Email address: \_\_\_\_\_

Guardian/Parent \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list**

Medical conditions \_\_\_\_\_

Medications taken and why \_\_\_\_\_

Allergies \_\_\_\_\_

**Please Note: There will not be a nurse on campus for Summer Athletics. Medications will not be administered during Summer Athletics hours.**

**Emergency Contact (if parents cannot be reached):**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Insurance Coverage/Medical Release**

I realize that my son/daughter must be covered by our family accident/health insurance coverage for all treatment expenses. I/we give permission for the above named student to participate in organized activities, realizing that such activity involves the potential for injury which is inherent in all sports.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_