



## 2024 S.E.C.A. SHARKS SWIM TEAM

The S.E.C.A. Swim Team Competes In Division III Of The Lancaster County Summer Swim League. Practices Are Held At The S.E.C.A. Pool In Quarryville Every Monday Through Friday, *Beginning THURSDAY, May 30<sup>th</sup>*. Swimmers Are Asked To Attend As Many Of These Practices As Possible. This Season There Will Be 4 Away Dual Meets, 3 Home Dual Meets and 2 Saturday Championship Meets. Dual Meets Are Held On Tuesday And Thursday Evenings.

### FEE SCHEDULE (per household):

\$140 1<sup>st</sup> Swimmer (non-pool member) - \$100 1<sup>st</sup> Swimmer (pool member)  
\$120 2<sup>nd</sup> Swimmer (non-pool member) - \$80 2<sup>nd</sup> Swimmer (pool member)  
\$100ea. All Other Swimmers (non-pool member) - \$60ea. All Other Swimmers (pool member)  
**-For information on SECA pool memberships visit [www.secarec.org](http://www.secarec.org).-**

### \*\* PRACTICE SCHEDULE\*:

**MONDAY and WEDNESDAY 10 & Under 6:30-7:30 PM / 11 & Over 7:45-8:45 PM**  
**TUESDAY, THURSDAY, FRIDAY 10 & Under: 8:00-9:00 AM/ 11 & Over 9:15-10:15am**  
\*\*\*Practices on May 30<sup>th</sup>, 31<sup>st</sup>, June 3<sup>rd</sup>, 4<sup>th</sup> and 6<sup>th</sup> will be in evenings! No practice on June 5<sup>th</sup> (Solanco Graduation), Normal practices will start June 7<sup>th</sup>.

### AGE GROUPS:

8 YEARS AND UNDER      14 YEARS AND UNDER  
10 YEARS AND UNDER      OPENS (18 YEARS AND UNDER)  
12 YEARS AND UNDER

For competition, swimmers are divided by age group and gender.  
Age classification is based on swimmer's age as of June 1.

### SWIMMERS MUST BE ABLE TO SWIM AT LEAST ONE FULL LENGTH OF POOL UNASSISTED!

Programs are available for swimmers who do not meet this qualification and mid-season registrations are permitted.

**Complete the following registration form and waiver, then return to:**

**SECA Sharks Swim Team - P.O. Box 67 - Quarryville, PA 17566**

**Call the SECA office if you have any questions or concerns, 717-806-0123**

---

### S.E.C.A. SHARKS SWIM TEAM REGISTRATION FORM

(ONE FORM PER SWIMMER, PLEASE. MAKE CHECKS PAYABLE TO SECA.)

SWIMMER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ ALTERNATE PHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ FEE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ waiver completed \_\_\_\_\_