



2026 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 Monday, June 1st*. Swimmers Are Asked To Attend As Many Of These Practices As Possible. This Season There Will Be 3 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):

- \$145 1st Swimmer (non-pool member) - \$105 1st Swimmer (pool member)
 - \$125 2nd Swimmer (non-pool member) - \$85 2nd Swimmer (pool member)
 - \$105ea. All Other Swimmers (non-pool member) - \$65ea. All Other Swimmers (pool member)
- For information on SECA pool memberships visit www.secarec.com.-**

** PRACTICE SCHEDULE*:

MONDAY **10 & Under** 6:30-7:30 PM / **11 & Over** 7:30-8:30 PM
TUESDAY, WEDNESDAY, THURSDAY, FRIDAY **11 & Over**: 8:00-9:00 AM/ **10 & Under** 9:00-10:00am

***First week of practice before school is out: **ONLY June 1st, June 3rd, June 5th, and June 8th will be in the evening 6:30-7:30 pm.**

Normal practices will start Tuesday, June 9th with our first morning practice.

AGE GROUPS:

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

For competition, swimmers are divided by age group and gender.
Age classification is based on the 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 _____