

SUMMIT SPECIAL OLYMPIC ATHLETIC CLUB

Team Member Application

Name: _____ M/F _____ DOB _____

Address: _____

Parent(s)/Guardian: _____ Phone # : _____

Email address: _____ Cell Phone #: _____

1. What are your swimming abilities at this time?

1. Can you swim at least 25 yards without assistant or touching the bottom of the pool? (Y/N) _____
2. Have you had any formal swim lessons? (Y/N) _____
3. If yes, please describe: (e.g. YMCA, Local Pool) _____

Please understand we want to accommodate all individuals, but that our program is a competitive swim team and not a learn-to-swim program. Our practices last 60-90 minutes and are held in 10' deep water.

2. How did you hear about our program? _____

3. Are there any special considerations or adaptations needed for your athlete to participate in swimming activities? _____

We strive to accommodate as many individuals as possible on our team, but due to the lane space for our team, we are limited in the number of athletes that can participate in our program each season. Our swim program has two seasons. One in the fall and one in the spring. We accept and evaluate applications prior to the start of these seasons/sessions. Your application will be considered with others and you will be contacted if we are able to offer you a space for the upcoming session.

To be a member of the Summit Special Olympic Athletic Club (SSOAC) you will need to agree to and sign a SSOAC code of conduct form, complete a Special Olympic Ohio Medical and Release Form, and agree to be an active member of the team. All new applications will have a trial period to ensure there is a good alignment between the athlete and the SSOAC.

If you have any additional questions regarding our program, please contact me at 330-338-1349.

Please return this application form via email at jimoneilsr@gmail.com or via postal mail to 852 Rickel Circle, Akron, OH 44333