

HAST NOVICE Program Spring/Summer 2010

For more information call Kim Olson – (437-4311), hastswim@bevcomm.net
Or Carmon Wallace – (438-3193)

Dates	Practice Times	Location
Spring, 4/12-6/11	(M/W) 6-7pm, (Tu/Th) 6:30-7:30pm, (Fri) 5:45-7:00pm	Hastings MS Pool
Summer, 6/14-7/23	(M/W/F) 8:00-9:00am (Tu/Th) 5:30-6:30pm	Hastings Family Aquatic Center Hastings MS Pool

Hastings MS Pool – 11th & Pine Streets. Park in upper lot, the MS is shaped like an 'L' the pool is located in the crook of the 'L'.
Hastings Family Aquatic Center, (HFAC) – 900 Maple Street, located on the north side of Hwy 55, ½ mile west of Hwy 61.

Group	Working On	Current Skill Level
Novice	First Season/year with HAST. Developing the 4 strokes, starts & turns. They compete in meets when ready.	Can swim 50 yds. Alternating 4 strokes free & back w/ rhythmic breathing. Can dive, dolphin kick, & has concept of breast kick. Loves to swim.

HAST NOVICE REGISTRATION FORM

Parent(s) name: _____ Home Phone: _____ Work Phone: _____
e-mail address: _____ Cell Phone: _____
Address: _____ City: _____ Zip: _____
Swimmer's full name: _____ Age: _____ Date of Birth: _____

Please check the 8 week program you are choosing:

_____ Novice I, 4/12-6/4, (2-3x weekly x 8 weeks)	24 options = \$160
_____ Novice II, 6/1-7/23, (2-3x weekly x 8 weeks)	24 options = \$160
_____ Novice X, any 8 consecutive weeks	24 options = \$160
_____ *Novice III, 4/12-7/23, (2-3x weekly for 15 weeks)	45 options = \$300

*Must register w/ the Full Season Registration Form. Team suit is required for the 15 week option. Please see chart below for sizes and price.

**The team suit is not required for the 8 week option swimmers. The prices and sizes are listed below. Please contact Kim Olson if interested in purchasing a team suit.

Female Suit: \$53.80

Male Suit: \$33.70

Payment is required to complete registration. Payment options available:

- Cash
- Check
- Credit Card



Please register by mail or in person. All swimmers must be registered prior to participating!!!

Mail to HAST – PO Box 573 – Hastings, MN 55033 Make checks payable to: H.A.S.T.

HAST must have parental signature on file for each child to participate

in the HAST Novice program for insurance reasons.

(HAST Novice program is Insured by Risk Management Services, Inc.)

Hastings Area Swim Team – Booster Inc.

I understand to indemnify and hold harmless the HASTINGS AREA SWIM TEAM Board/Coaches/Instructors
Against all liability for personnel injury while my child is a participant in the HAST Novice Program.

Signature of Parent or Guardian _____ Date _____