

Queens Lake '11 Eagles Swim Team



Looking for an exciting, fun and invigorating way for your swimmer to spend the summer, then you've found the right place!! There is no better way to fight the summer heat, develop your swimmers skills, and build your swimmers confidence. Until you experience it, you don't know what you're missing! Our swim team is for everyone, so come out join the fun!

2011 Swimmer Fees^{*#}

- \$60 one swimmer
- \$45 2ND swimmer
- \$30 3RD swimmer
- \$25 4TH swimmer

Please make your check payable to QLCA

Drop or Mail Payment to:

QLCA, Inc.
234 East Queens Drive
Williamsburg, VA 23185

*Secure a *Team Sponsor* and one child swims for FREE -- call the Team Coordinators for more information!

Recruit a new swim team member for 2011 and your first swimmer swims for HALF-PRICE!!!!

2011 Family Agreement

To participate on the QL swim team, your family must have a paid family membership for the QL pools. For the team to run effectively, **someone from your family is required to volunteer for each swim meet** your child attends. Requiring all families to participate helps insure that you will only have to work one-half of each meet. **Please circle below the area in which you think you would like to help** (details for each volunteer position are on the website www.queenslake.net).

Sweep Judge Lineup Scoring Ribbons Clerk of Course Timer Sponsorships Runner
Starter Referee Stroke & Turn Concessions Announcer Spirit & Socials Setup Cleanup

Important Notice: Un-attributed pictures of some swimmers will be posted on the QL swim team website as needed. Please let the team coordinators know in writing if you prefer not to have a picture of your swimmer on the site. If you have questions regarding this or any other policy, please call one of the Team Coordinators, Dana DeJager (229-3244) or Beth Parziale (229-5616) or Mark Downey (570-2360).

Swimmers:

1. _____ M/F _____ AGE _____ DOB _____
2. _____ M/F _____ AGE _____ DOB _____
3. _____ M/F _____ AGE _____ DOB _____
4. _____ M/F _____ AGE _____ DOB _____

Pool Member Name: _____

Preferred Phone#: _____ Email: _____

Parent or Guardian Signature: _____