



# COLA Summer Swimming COLA- Geaux Fast! Swimming for all Ages

COLA invites you to join us this summer for COLA Summer Swim Team! **Joining COLA means learning more about swimming, improving your technique, getting faster, and having fun!** At our practices we work on both technique and challenging our swimmers, which combine together for success in the pool!

Summer Swimming at COLA is for swimmers ages 4-18. Swimmers of all ability levels from the beginner to the more experienced are welcome! You must already know how to swim, but do not have to have any knowledge of the strokes. We will teach them! We will have competitions during the summer. They are encouraged but not required.

## **COLA's Summer Swimming Practice Options for June and July (These Begin Tuesday, May 30<sup>th</sup>): Swimmers ages 12 and Under**

**Monday -Thursday from 6-7pm at the Robicheaux Center**

**Practice schedules are very flexible. Swimmers can come from once up to all four times a week that it is offered. Whatever works into your schedule best each week!**

## **COLA's Summer Swimming Middle/High School Practice Options for June and July (These Begin Tuesday, May 30<sup>th</sup>): 5<sup>th</sup>- 12<sup>th</sup> grade students**

**Monday and Wednesday from 6:45-7:45pm at the Robicheaux Center**

**Tuesday and Thursday from 9:30-10:30am at the Robicheaux Center**

**Practice schedules are very flexible. Swimmers can come from once up to all four times a week that it is offered. Whatever works into your schedule best each week!**

### **Meets:**

**There will be meets for them to attend. Meets are optional. You will receive a meet schedule when you sign up!**

### **Costs:**

**\$220 made payable to COLA. This includes your summer monthly fees and USS registration Fees. We offer multiple swimmer discounts.**

**How to Sign Up:**

**You can sign up at the pool ahead of time or at your first practice. To sign up fill out the swimmer info and emergency forms below and return with your payment to the indoor pool any day between 4:00 and 7:00 pm.**

**Please feel free to call (337-989-1800) or email ([colaswim@yahoo.com](mailto:colaswim@yahoo.com)) with any questions.**

**We hope to see you at the pool this summer!**

## COLA SUMMER SWIMMER INFORMATION

Name of Swimmer: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name:

\_\_\_\_\_ Fw: \_\_\_\_\_

Mother's Name:

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mom's Work: \_\_\_\_\_ Father's Work: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Paid Check Fw: # \_\_\_\_\_

**Fw:**

CITY OF LAFAYETTE AQUATICS  
Parental Permission/Emergency Form  
Please Print

Name of Swimmer \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

I authorize Colleen D. Barczyk and/or Sarah Landreneau to provide emergency treatment and/or arrange for the provision of emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and/or advisable. This authorization is granted if I cannot be reached and a reasonable effort has been made to do so. Any attempted phone call at either of the numbers listed above will constitute a reasonable effort.

My child is covered by a medical insurance plan (yes/no) \_\_\_\_\_

The insurance company is: \_\_\_\_\_

The policy number is: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

\_\_\_\_\_

Are you allergic to any drugs? \_\_\_\_\_ If so, what? \_\_\_\_\_

\_\_\_\_\_

Do you have any other allergies (e.g. bee sting, peanuts)? \_\_\_\_\_ If so, what?

\_\_\_\_\_

Are you on any medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

Do you wear contact lenses? \_\_\_\_\_

Emergency contact name and number other than parent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date