



**NCCSPA Masters Swim Registration Summer 2018**  
**Monday, Wednesday & Friday, June 11– July 27<sup>h</sup> 6:00-7:30am**

Come join this spirited group of early morning swimmers in a coached work out that will add finesse to your strokes while improving your cardio endurance. Whether you are a triathlete, open water swimmer, or simply a pool rat who loves to swim with others at sunrise, NCC Masters is for you!

Sharx Coach Kevin Wagman has retired from coaching Masters, but two energetic and homegrown swimmers, Zach Gan and Ellie LoRe, will be on deck bright and early to coach the workouts. In addition to serving as Sharx coach for two summers and captain of BCC Barons, Zach has 14 years of experience swimming for the Sharx and All Star Aquatics, and now competes on the University of Michigan Men's Waterpolo team. Ellie, also a BCC Baron swim captain and a 12-year Sharx, took her love of swimming to the deck at the University of Southern California where she led student efforts to raise more than 1.5 million dollars in the "Swim with Mike" national swim-a-thon for physically-challenged college athletes.

We can reserve your place in the program upon receipt of your payment made payable to NCCSPA (along with this signed form). Space is limited. Priority will be given to NCCSPA members, provided your payment is received by June 10. Please return completed form and your **check made out to NCCSPA to: Jody Gan at 9700 Old Spring Road Kensington, MD 20895**. Email any questions to [jodygan@gmail.com](mailto:jodygan@gmail.com) Fee for the 7-week season is \$140 for NCCSPA members

Swimmer's Name \_\_\_\_\_ Pool Member # \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Info about your swimming abilities (to be used for lane assignments)? \_\_\_\_\_

List any Medical Issues (Allergies, Asthma, etc.): \_\_\_\_\_

I understand that participation in swimming activities is entirely voluntary. I know and understand the risks and dangers involved in swimming and I know and understand that unanticipated dangers might arise. I hereby release NCCSPA from any responsibility for injury, which might occur as a result of my participation in the NCCSPA Masters Swimming program.

I give permission to authorized personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for me, and also permit such treatment procedures to be carried out at, and by local hospitals for me in the event of an emergency. I understand that any medical expenses will be billed directly to me or to my insurance company.

Date: \_\_\_\_\_

Signature of Participant