

# POOLESVILLE PIRANAHS

Western County Outdoor Pool  
20151 Fisher Avenue  
Poolesville, MD 20837  
301-349-2217

## 2011 Calendar

<b>Officials Clinic</b> (Advanced Referee)	Tuesday, May 24 at 7:00pm at Olney Swim Center
<b>Pool Opens</b>	Saturday, May 28
<b>First Meeting</b> (For All Parents)	Tuesday, May 31 at 7pm at the pool <b>RAIN OR SHINE!!</b>
<b>Officials Clinic</b> (Automation)	Wednesday, June 1 at 7:00pm at Martin Luther King, Jr. Swim Center
<b>First Practice</b>	Wednesday, June 1
<b>Officials Clinic</b> (General Officials)	Sunday, June 5 at 8:00am at Olney Swim Center
<b>Officials Clinic</b> (Automation)	Wednesday, June 8 at 7:00-9:00pm at Montgomery Aquatic Center
<b>Officials Clinic</b> (General Officials)	Tuesday, June 7 at 6:00pm at Georgetown Prep.
<b>Time Trials</b>	Saturday, June 11
<b>Officials Clinic</b> (General Officials)	Sunday, June 12 at 8:00am at Olney Swim Center
<b>Officials Clinic</b> (Stroke & Turn Only)	Tuesday, June 21 at 7:00pm at Martin Luther King Swim Center
<b>Coaches</b> <b>Longcourse Meet</b>	Tuesday, July 12 at Rockville Municipal Swim Center
<b>"A" Divisionals</b>	Saturday, July 23 (location TBD)
<b>Relay All Stars</b>	Saturday, July 30 at Rockville Municipal Swim Center

## Who's Who

**Team Rep** Anne Bromet-Jagodits (301) 349-5733  
[anneews@gmail.com](mailto:anneews@gmail.com)

**MCRD** Jeremy Mogus (240) 777-6830  
[jeremy.mogus@montgomerycountymd.gov](mailto:jeremy.mogus@montgomerycountymd.gov)

## Registration Information

*Registration and payment must be completed  
before attending practices.*

**Program Fee \$175 per swimmer**  
Non-County Residents pay an  
additional \$15 per swimmer.

Poolesville Does Not have a Pre-Team

MCRD Outdoor Pools open on May 28<sup>th</sup>

MCRD Swim Lesson registration begins  
Monday, June 6, 2011 at 6:30am.

The first swim team meeting will be held at 7:00 pm on Tuesday, May 31, for parents of new and returning swimmers – RAIN OR SHINE! Swimmers may join the team anytime after this date. Registrations must be turned into the MCRD facility. **DO NOT TURN IN YOUR REGISTRATION WITH A COACH OR REP!**

The first practice will be held on Wednesday, June 1 at the designated time. Weekday practices will be Monday through Friday evenings, from June 1 until public schools end. During the summer, practices will be held Monday through Friday in the morning. Evening practices may be scheduled for swimmers who cannot attend in the morning. Practice days and times will be announced at the meeting and will be posted at the pool.

All 6 MCRD pools are members of the Montgomery County Swim League (MCSL). Swim meets for "A" level swimmers are held on Saturday mornings (approximately 8-12:00pm) from June 18 through July 16. "B" level meets are swum on Wednesday evenings (approximately 5-9:30 pm) from mid-June through mid-July. "A" level Divisional Championships will be held Saturday, July 23. Those swimmers who qualify to swim in the All Star Championships compete on Saturday, July 30 and Sunday, July 31.

Online registration begins May 18<sup>th</sup>. Further information is available on the MCSL website at [www.mcsl.org](http://www.mcsl.org) or through your team reps.



# Poolesville Piranhas

PAYER'S: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

PARTICIPANT'S Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 (if under 18 years) Mother's Name \_\_\_\_\_ Email \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Email \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Participant's Name (last, first, middle initial)	Birthdate (mm/dd/yyyy)	Sex m/f	Activity Name	Course Number	Location	Start Time	Fees*
			MCSL	303170	Western County Outdoor Pool		
			MCSL	303170	Western County Outdoor Pool		
			MCSL	303170	Western County Outdoor Pool		

\* If you are a non-resident, include an additional \$15.00 per participant fee for each activity.

**Total Amount Due**

**Withdrawal policy:** Requests for withdrawal must be submitted in writing. If your written withdrawal request is received on or after the start date of the program, your credit will be pro-rated on the date the request is received. In addition all refunds and all written withdrawal requests received seven days or less before the start date of the program are subject to a \$20.00 withdrawal fee.

The Department of Recreation reserves the right to pursue all available options to collect any funds owed as the result of a dishonored check or credit cards, charges incurred due to unsubstantiated credit card disputes, or any outstanding debt. If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling 800-666-5222 ext. 2 to arrange payment due for any outstanding checks and service fees due.

Check or Money Order payable to MCRD; Attn: Registrar, 4010 Randolph Road, Silver Spring, MD 20902

**\*\*\*Registrations with MasterCard or VISA payments must be processed in-person or on-line at [www.montgomerycountymd.gov/rec](http://www.montgomerycountymd.gov/rec).\*\*\***

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after scheduled program.

Participant or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_