



# **WANTED**

## **SWIMMERS of ALL LEVELS**

The West Springfield Torpedoes Competitive Swim Team, sponsored by the West Springfield Park & Recreation Department, will begin their winter season on **Monday, April 28<sup>th</sup>**.

### **COMPETITIVE SWIM TEAM SEASON:**

**Monday-Thursday, April 28-May 1 ~ 5:45pm-6:45pm ~ NEW Swimmers Only**  
(child DID NOT swim Winter 2024 Season)

**Monday-Thursday, April 28-May 1 ~ 7:00pm-8:00pm ~ Returning Swimmers**

Practices are held at the West Springfield High School Sady Pool. Practice times vary based on swimmer's level and ability.

Beginning Monday, May 5<sup>th</sup>: Practices times are **Level 1: 5:45pm - 6:45pm**, **Level 2: 6:15pm - 7:45pm**, **Level 3: 6:30pm - 8:15pm**

~ Head Coach will place swimmer in appropriate swim level ~

**PRE-REGISTRATION and payment is required by 4:00pm, Wednesday, April 23<sup>rd</sup>**

Registration link: [www.wsparkandrec.com](http://www.wsparkandrec.com)

Registration is open to:

- ~ Children who are West Springfield Residents currently enrolled in Grades K-12 (Fee for 1<sup>st</sup> Child = \$125)  
(Fee = \$120 for any additional swimmer in the same household)
- ~ Children who are Non-Residents currently enrolled in Grades K-12 (\$175 fee per child)

Registration fee is refundable if swimmer decides not to participate OR if Head Coach does not approve of the swimmer's ability on or before May 8<sup>th</sup>.

- Competitive swimsuits available for order during registration for an additional fee. Swimsuit sizing available for new/returning swimmers during tryouts (April 28<sup>th</sup> - May 8<sup>th</sup>).
- Practices take place Monday-Thursday. Practice times are: Level 1: 5:45pm - 6:45pm, Level 2: 6:15pm - 7:45pm, Level 3: 6:30pm - 8:15pm depending on the swimmer's level. Head Coach will place swimmer in appropriate level.
- Swimmers MUST attend 2 - 4 practices a week.
- Swim meets tentatively will begin the week of June 9<sup>th</sup>.
- Swimmers must swim in 3 or more meets during the season to participate in League Champs.
- Children ages 8 & under must be supervised by a parent/guardian at all times (meets & practices).
- Children ages 9 & 10 must be signed in and out by a parent/guardian.

### **MANDATORY PARENT MEETING:**

**TBD - Virtual** (Link will be sent via TeamSnap)

For more information contact the West Springfield Park & Recreation Department at (413) 263-3284 and/or the team's website at [www.wsparkandrec.com](http://www.wsparkandrec.com). Turn over for Frequently Asked Questions.

# West Springfield Torpedoes Frequently Asked Questions

## **Q: When does the season begin and end?**

A: The season begins on Monday, April 28<sup>th</sup> with two weeks of tryouts for the team to assess the children's swimming abilities and families to determine if they want to commit to the team. The season tentatively ends the 4<sup>th</sup> weekend of July when League Champs will take place.

## **Q: Does my child need to have any specific experience level swimming in order to be on the team? **\*\*Proficiency Requirement\*\*****

A: In order to maintain a safe environment for everyone in the water, and to ensure that the coaches can focus on everyone equally, all swimmers **MUST** be able to do the following:

**\*\* Swimmers who are 8 years old or younger **MUST** be able to swim 25 yards (one length of the pool) freestyle without touching the bottom of the pool, wall or lane line, along with 25 yards back-stroke without touching the wall or lane line.**

**\*\* Swimmers who are 9 years old or older **MUST** be able to meet the above requirements for 50 yards (two lengths of the pool).**

*By the end of the tryout period, all swimmers must understand and be able to circle swim as part of a group, while using proper breathing techniques based on the stroke they are swimming. Please note the purpose of Torpedoes Swim Team is to enhance swimmers' existing swim techniques and is not formal, individualized swim lessons.*

## **Q: How much time is involved?**

A: Torpedoes Swim Team is a significant commitment for swimmers and their families. Swimmers must practice a minimum of 2 nights per week (practice time and level determined by coach) in order to swim in a meet that week and must compete in a minimum of 3 meets during the season. Per league rules, swimmers are allowed to swim in 2 individual events and 2 relays at each meet. Depending on their ability and how many children participate in the meet, your child may be placed into 1- 4 events per meet.

## **Q: What uniform/equipment does my child need to be on the team?**

A: Swimmers need a competitive swim suit and goggles in order to swim in practice and meets; swim caps are also recommended. Competitive swimsuits/swim caps are available for purchase during the registration process for an additional fee. No two-piece suits or boys' swim trunks are allowed.

## **Q: Who coordinates the team's activities?**

A: The team is sponsored by the Park & Recreation Department. An Executive Board comprised of parent volunteers coordinates the functions of the team. A Head Coach and 2-3 Assistant Coaches run practices, dryland exercises and set up the team for swim meets.

## **Q: What do parents need to commit to?**

A: All children ages 8 & under must be supervised by a parent/guardian at all times (meets & practices). Swimmers ages 9 & 10 must be signed in and out by a parent/guardian. Each swimmer's family is also expected to volunteer for 2 halves of swim meets.

# West Springfield Torpedoes Competitive Swim Team

## HOW DO I REGISTER?

**PRE-REGISTRATION and payment is required by 4:00pm, Wednesday, April 23<sup>rd</sup>**

**ONLINE:** We recommend using this option. To register for programs, visit <https://web1.myvscloud.com/wbwsc/mawestspringfieldwt.wsc/splash.html> (Visa/Mastercard)

**IN-PERSON:** Bring your completed paperwork and payment (**Cash/Check ONLY**) into the Town Hall during regular business hours (8:00AM - 4:00PM, Monday – Friday).

**DROP BOX:** Bring your completed paperwork and payment (**Cash/Check ONLY**) to the white drop box outside of the Town Hall. Label envelope **“W.S. Park & Recreation Dept.”**

**MAIL IN:** Completed paperwork and payment (**Check**) can be mailed to West Springfield Park & Recreation Dept., 26 Central St. Suite – 19, West Springfield, MA 01089

**FMI: Email: [parkandrec@tows.org](mailto:parkandrec@tows.org) ~ Phone: (413) 263-3284 ~ Checks or Money Orders made payable to: “Town of West Springfield”**

## TORPEDOES SWIM TEAM (WST) Registration Form

### HOUSEHOLD CONTACT INFO:

**#1 PARENT NAME:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**#2 PARENT NAME:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**EMERGENCY CONTACT NAME (other than parent):** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship to Swimmer:** \_\_\_\_\_

**MEDIA CONSENT:** Coaches plan to record video of swimmers from the deck and underwater to provide instructional feedback. These videos will not be shared to the public and will be destroyed at the conclusion of the season. Swimmers who do not want to be recorded will not be. Do you consent to having your swimmer recorded for this purpose during the swim season? ☐ **YES** ☐ **NO**

**VOLUNTEER HELP NEEDED:** I am interested in assisting the Torpedoes (check all that apply): ☐ **BOARD MEMBER** ☐ **SUPERVISE DECK DUTY** ☐ **AT SWIM MEETS**

Swimmer's Name:	Returning Swimmer? (Y or N)	Gender: M/F	D.O.B.	Current Grade:	School Attending	Medical Concerns?	Purchase Bathing Suit? (additional fee) Boys \$ 50.00 Girls \$ 65.00	Purchase Silicone Swim cap? (additional fee) (\$10.00)	W.S. Resident Swim Team Fee	NON-Resident Swim Team Fee	Total
							\$	\$	\$ 125.00	\$ 175.00	\$
							\$	\$	\$ 120.00	\$ 175.00	\$
							\$	\$	\$ 120.00	\$ 175.00	\$

In consideration of being permitted to participate in West Springfield Park and Recreation Department programs/activities (hereinafter the "Program") I, the undersigned, on behalf of the participant listed above (hereinafter "Participant"), and for myself, my heirs, personal and/or legal representatives, next of kin, and assigns (hereinafter collectively referred to as "I" or "ME"), hereby:

- RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE the Town of West Springfield, its agents, servants, employees, officials, volunteers, contractors, representatives (hereinafter the "Town") from any and all liability, claims, demands, actions, suits, loss and causes of action whatsoever arising out of or related to any loss, damage, or injury, including, but not limited to, death, illness, injury and/or disease of any kind, and including but not limited to any death, illness, injury and/or disease in any way related to or arising out of the novel coronavirus (COVID-19), that may be sustained by the Participant and/or arising out of or related to the Participant's participation in the Program, regardless of whether they arise in tort, contract, strict liability, or other legal theory.
- INDEMNIFY, SAVE and HOLD HARMLESS the Town from any and all liability, claims, demands, actions, suits, loss, and causes of action and any cost it may incur, including court costs and attorneys' fees, arising out of or related to the Participant's participation in the Program, regardless of whether they arise in tort, contract, strict liability, or other legal theory.
- ACKNOWLEDGE that the Participant's participation in the Program may be dangerous and may involve the risk of serious injury and/or illness, including COVID-19, and/or death and CONSENT to the Participant's voluntary participation and ASSUME full responsibility for any risk of loss, death, illness, injury and/or disease which I and/or the Participant may sustain arising out of or related to the Program whether known or unknown and whether caused by the negligence of the Town or otherwise.
- AGREE that this Release and Waiver of Liability and Indemnity Agreement shall be construed in accordance with the laws of the Commonwealth of Massachusetts and that, in the event any portion of this document is deemed unlawful or unenforceable, said portion shall be severable and the balance of the terms shall continue in full legal force and effect.
- AGREE that I, the undersigned, am the parent or legal guardian of the Participant. I hereby execute this Release and Waiver of Liability and Indemnity Agreement on the Participant's behalf. I understand that by executing this agreement on behalf of the Participant, I am binding the Participant and ME to the terms of this Release and Waiver of Liability and Indemnity Agreement.

**I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHTS AND THE RIGHTS OF THE PARTICIPANT BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Date