

Quincy Country Club



2024 Aquatics Programs

*In the event of inclement or cold weather, please call the club at 217 223-3452 for
Hours of Operation.*

Matthew Mulherin

Manager & CPO

Club: 217 223-3452

m.mulherin@qcc1897.org

Aquatics Director

Sawyer Mulherin CPO/ LGI

qccaquatics@gmail.com or sawyer.mulherin@gmail.com

Stingrays Head Swim Coach

Sawyer Mulherin

qccstingrays@gmail.com

Assistant Swim Team Coach

Cassandra Courson

qccstingrays@gmail.com

Club: 217 223-3452

Weekly Pool Schedule

Mondays

Eagle/Manta Ray Practice	9:00am- 10:00am
Pool Open	10:00am- 8:00 pm
Adult Lap Swim (in Lane 1)	12:00pm - 1:00pm

-On Days of Home Swim Meets-

Stingrays Warm-Up	5:00pm - 5:30pm
Guests Warm-Up	5:30pm - 6:00pm
Home Swim Meet	6:00pm - 9:00pm

Tuesdays

Eagle/Manta Ray Practice	9:00am- 10:00am
Pool Open	10:00am- 8:00 pm
Makeup Swim team Practice	3:00pm - 4:00pm
Adult Lap Swim (in Lane 1)	6:00pm – 7:00pm

Wednesdays (Water Guns Wednesday & Related Toys Allowed)

Pool Open	10:00am- 8:00 pm
Adult Lap Swim (in Lane 1)	6:00pm - 7:00pm

Thursdays

Eagle/Manta Ray Practice	9:00am- 10:00am
Pool Open	10:00am- 8:00 pm
Makeup Swim team Practice	3:00pm - 4:00pm
Adult Lap Swim (in Lane 1)	6:00pm - 7:00pm

Fridays (Rafts & Oversized Floats Allowed)

Eagle/Manta Ray Practice	9:00am- 10:00am
Adult Lap Swim (in Lane 1)	6:00pm - 7:00pm

Saturdays

Pool Open	10:00am- 8:00 pm
Adult Lap Swim (in Lane 1)	6:00pm - 7:00pm

Sundays

Pool Open	10:00am- 8:00 pm
Adult Lap Swim (in Lane 1)	6:00pm - 7:00pm

SWIMMING COMPETENCY TESTS

** To be administered by the Manager or Head Lifeguard (HLG) on Duty ONLY!**

Deep water privileges will be extended to those nine (9) years of age and under who pass the *Swimming Competency Test* (to be administered only by the HLG on Duty or Aquatics Director):

- swim one length (25 yards) of the pool without stopping or standing
- tread water for 30 seconds in the diving well
- jump into the diving well and swim to the ladder

Children ages ten (10) to twelve (12) years of age may swim unaccompanied by an adult provided they have passed the *Advanced Simming Competency Test* (to be administered only by the HLG on Duty or Aquatics Director) - an emergency phone number will be provided to the Aquatics Director or HLG upon passing the test for communication during emergencies:

- swim one lap (50 yards) without stopping or standing
- tread water for two (2) minutes in the diving well
- jump into the diving well and swim to the ladder
- pass (80% or higher) the written Pool Rules & Regulations Test

Private Swim Lessons

Swimming lessons are offered privately and semi-privately. Each package is a total of 4 lessons. The typical starting age is 4 years old; lessons are not just for kids, Mom and Dad learn how to swim or Swim FAST!!! Exceptions are possible and negotiable through discussions with your preferred swim instructor. Contact Head Coach, Sawyer Mulherin at qcstingrays@gmail.com to set up a package!

Gold Package: \$100/ 4 lessons | \$200/ 8 lessons

These lessons are taught by the Head Swim Coach.

Silver Package: \$80/ 4 lessons | \$160/ 8 lessons

These lessons are taught by the Assistant Swim Coach.

Bronze Package: \$60/ 4 lessons | \$120/ 8 lessons

These lessons are taught by a trained QCC lifeguard.

The Stingrays Swim Team 2024

Eagle Rays:

\$100

Less experienced Swimmers will be introduced to fast swimming, this will focus on skills and quality. This group catered for younger swimmers and those without as much experience or background in the sport.

Prerequisites: Swimmer must be able to swim 25 yards continuous front crawl (not doggy paddle). Goggles required. Swimmers must be at least five (5) years old by May 18th, 2024.

Manta Rays:

\$100

This group is catered for; more advanced swimmers will be given more extra and challenging workouts, for those who are looking to improve. For those who want to be great.

Prerequisites: must be able to swim 50 yards continuous legal freestyle and backstroke per USA Swimming Standards. Goggles required. Swimmers must demonstrate ability to coaches to be approved for this group.

MEET SCHEDULE

*tentative

6/10 Stingrays Intersquad @ HOME*

6/17 Jacksonville @ HOME

6/24 ASA Aqua Dogs + Sheridan @ HOME

7/8 Away meet @ Hannibal Hurricanes

7/15 Memphis @ HOME

7/27 RED RIVER CHAMPS

8/5 Stingrays vs Parents + Guards @ HOME

8/11 TEAM BANQUET

TEAM EQUIPMENT

Shop for all your team equipment on Swimoutlet.com

Required:

- 2x Competition Goggles (vanquishers 2.0 are a classic, Cobras are cool, Swedish if you are a savage)
- Crocs or Sandals for Meets
- 2-3x towels
- bag (mesh bag preferred) for gear storage

Optional(for practice):

- Fins/Flippers
- Nose Plug

Staying Connected

Coach Sawyer will put together a group chat with parents to communicate scheduling, weather cancellations, and any other necessary information to parents.

Parent Help

Swim meets do not happen without the help of parent volunteers, we will NEED YOUR HELP to make sure everything runs extra smoothly. Coach Sawyer will be recruiting a parent coordinator to organize help for meets and activities.

Olympics

The Stingrays will be divided up into four “Olympic Teams” and will compete throughout the season in a variety activities and games. Points will be awarded at practice for good questions, improvements, or winning a game. There will also be Olympic Days throughout the summer where the teams will compete in games for glory. We would love (and need) for parents to both officiate and participate in these games. More information on those dates will follow as the season progresses.

SWIM PROGRAMS REGISTRATION FORM

Please fill out one (1) form per child & return to the appropriate department head

SWIMMER INFORMATION

Swimmer's Name*: _____ Member #*: _____

Age*: _____

Home Phone*: _____ Cell Phone: _____

E-Mail*: _____

Swimmer's Skill Level (Self-Assessment): EagleRays MantaRays

NOTE: swimmers will be placed according to skill level seen during the first days.

Team T-Shirt Order (please mark # of quaintly desired)

Youth S ____ Youth M ____ Youth L ____

Adult XS ____ Adult M ____ Adult L ____ Adult XL ____

EMERGENCY CONTACT & HEALTH INFORMATION

Emergency Contact's Name*: _____

Relationship*: _____

Phone Number*: _____

Does the swimmer have any allergies, chronic illnesses, or medical conditions that could/would limit high-level activity? ____ yes ____no

If yes, please explain:

_____.

PARENTAL PERMISSION FOR EMERGENCY TREATMENT:

- In the event of illness or accident, I give my permission for emergency treatment by qualified personnel for my child.

RELEASE OF LIABILITY

- Although the safety of all sport activities is the primary concern, sport activities through Quincy Country Club Programs may cause injuries and/or death. I expressly assume the risk of injury, death, and/or illness arising from any cause, and agree to waive the right to pursue any claim against the Quincy Country Club Programs and the persons in charge.

- **I have read and agree to the above conditions*:**

Signature of Parent or Legal Guardian: _____ Date: _____

**Quincy Country Club Photo Consent
Release Form**

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to Quincy Country Club, its affiliates, and agents, to use my image and likeness and/or any interview statements from me in its publications, advertising, or other media activities (including the Internet). This consent includes, but is not limited to:

- (a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice.
- (b) Permission to use my name; and
- (c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s), or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for educational and awareness.

This consent is given in perpetuity and does not require prior approval by me.

Child's Name: _____

Member #: _____ Date: _____

The signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Signature of Parent or Legal Guardian: _____

The following is required if the consent form has to be read to the parent/legal guardian:

I certify that I have read this consent form in full to the parent/legal guardian whose signature appears above.

Date

Quincy Country Club Management Signature