

SWIM TEAM

The City of Glidden will be sponsoring the Glidden Swim Team for boys and girls 5-18 years of age (recommended to be able to swim the length of the pool). The team meets daily Monday, Wednesday, Friday for practice and Tuesday, Thursday for meets. Swim team practice will begin on Tuesday, May 26th. Practice times will be: 10:30-11:45am 11yrs and up, 11:45-12:30pm 10yrs and younger. Please remember that swim team is not a substitute for swim lessons. Encourage your child to take swimming lessons also.

Early Bird registration ends May 22nd (additional \$10.00 fee after May 22nd)

Return registration form & fee in the Glidden City office drop slot.

Payable to City of Glidden - \$40.00 Aquatic Center member (membership paid at registration).

\$70.00 non-member

Late registration ends Friday, May 29th.

Swim Meet Schedule 2026

Tuesday, June 2- at Coon Rapids

Thursday, June 4- at Home-Perry

Tuesday, June 9- at Home-Sac County

Thursday, June 11- at Manning

Tuesday, June 16- at Denison

Thursday, June 18- at Home-Carroll

Tuesday, June 23- at Home-Guthrie

Thursday, June 25- at Jefferson

Tuesday, June 30- at Home-Harlan

Saturday, July 11- Conference meet @ Denison 11:00am



Glidden Swim Team - Summer, 2026

Fee: Payable to City of Glidden - \$40.00 Aquatic Center member (membership paid at registration)

\$70.00 nonmember

Mail fee and form to: City of Glidden, P.O. Box 349, Glidden, IA 51443

Free T-shirt with registration: Circle Size: YXS YS YM YL S M L XL

Swimmer's Name _____

Age (as of June 1st) _____ Birth date _____ Grade Completed _____

Parent/Guardian Name _____

Street/City Address _____

Home phone _____ Daytime phone _____

E-mail Address _____

Medical conditions? _____

Waiver-I agree to assume full responsibility for any risk implicit or direct by participating in any activity or facility. The City of Glidden does not provide individual, team, or group accident insurance for participants in Parks and Recreation activities. The individuals mentioned above have my permission to participate. I also give permission for any photos, of these participants taken during the program, to be used for future Department promotional materials.

Parent/Guardian _____ Date _____

Member registration fee is \$40/non-member fee is \$70 per child if returned to the City Office by May 22nd. No registrations accepted after May 29th. No refunds. May conflict with other recreation programs.

OFFICE USE: Received _____ Check _____ Cash _____ Amount \$ _____ Member # _____