



Manta Ray Aquatics

2025 Summer League

June 9 – July 11

\$265 – 5 Weeks

No practice July 4

Join Manta Ray Aquatics for summer swim! Swimmers ages 5-17 will learn or refine all four competitive strokes with experienced USA Swim Coaches.

Monday & Wednesday at Granite 5:45-6:45pm* / Friday at Granite 5:30-6:30pm*

*Practice times and days are subject to change. We will send a weekly confirmation email every Sunday evening.

Summer league includes:

- 60 minute practices, 3 days per week, *novice group 45 min, 3 days
- Team Cap and Summer League T-Shirt
- Summer League Swim Meets
- Sibling Discount, 2nd swimmer \$5.00 off, 3rd Swimmer \$10.00 off
- Fee includes Summer League swim insurance

Swimmers new to the program must pass an unassisted, 25 yard swim test. Swim tests will be scheduled once swimmers are registered.

Contact us at mraswim.org or email us at mantarayaquatics@gmail.com with questions.

Our practice pool;
Granite Hills High School 1719 E Madison Ave, El Cajon

If you plan to join us for Summer League, please MAIL your forms and payment to **MRA PO Box 21308 El Cajon Ca 92021, to reserve your spot. Once the program is full, registrations will be held for the waitlist.**

MANTA RAY AQUATICS
SUMMER SWIM TEAM REGISTRATION
FORM



Please complete one registration form per swimmer (please print)

Last _____ M.I. _____ First _____
Birthdate _____ Age _____ M/F _____

Mailing _____

Address: _____

Allergy Info: Please list any allergies swimmer may have (i.e., bee stings)

Please check one: Previously attended MRA Summer League _____
Previously on MRA Year Round Team _____
Previously on other team or Summer League _____

Circle T -shirt Size : YS/YM/YL/AS/AM/AL

Father's Name: _____ Cell _____

Mother's Name: _____ Cell _____

Email required: _____
(all team correspondence is done via email)

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY Cap: _____ T-shirt: _____ Paid: _____

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Manta Ray Aquatics

Waiver/Release of Liability

PLEASE READ CAREFULLY BEFORE SIGNING.

I, _____, the enrolled participant and/or the parent/guardian/caretaker of the participant agree and understand that swimming is a hazardous activity. I recognize that there are certain risks inherent in the sport of swimming, including but not limited to, injuries and death. The participant hereby agrees to participate with the Manta Ray Aquatics swim team and hereby agrees to hold harmless the Manta Ray Aquatics swim team, Grossmont Unified High School District, Cajon Valley School District, its coaches, instructors, officers, directors, board members, agents and employees against any liability resulting from injury that may occur to the participant while engaged in any team activities, while at the pool, outside the pool or any other site being utilized by Manta Ray Aquatics. The participant authorizes any representative of the Manta Ray Aquatics swim team to have the participant treated in any medical emergency during their participation. Further, the participant and/or parent/guardian/caretaker agrees to pay all costs associated with medical care and transportation for the participant. I have noted on the medical release form any medical/health problems of which staff should be aware. Parents/guardian/caretaker must supervise swimmers when they are outside of the pool area, as well as supervising siblings on and off the pool deck.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____ Date: _____

Parent/Guardian if participant is under 18

Swimmers Names:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____