



Rosemount • Apple Valley • Eagan  
AREA TWELVE SPECIAL OLYMPICS



**Special Olympics**  
**Minnesota**

*Let me win, but if I cannot win, let me be brave*

## 2025 SWIMMING REGISTRATION

**Registration Meeting:** The registration and information meeting is **Thursday, January 30, 2025**, at 6:30 p.m., Black Hawk Middle School, 1540 Deerwood Dr., Eagan, MN 55123

**Practice:** The first practice is on Sunday, March 2, and continues on Sunday nights through June 15, with no practice on March 23, March 30, April 20, April 27, May 11, and May 25. All practices take place at Black Hawk Middle School. Swimmers should be in the pool and ready to swim at the session start time. The practice sessions will be divided up as follows.

- 6:15 pm to 6:45 pm – Beginners
- 6:45 pm to 7:30 pm – Intermediate
- 7:30 pm to 8:15 pm – Advanced

Returning swimmers will be assigned to the same session as prior seasons and new swimmers will be assigned a session for the first practice. Coaches will assess all swimmers at first practice and make final session assignments for session balance.

**Competition:** Regional competition is Saturday, April 26, 2025, at St. Catherine's University and state competition is June 20 - 22, 2025 at the University of Minnesota.

**Registration:** The registration fee is \$35 per athlete. Registration fees can be paid by cash or a check payable to The RAVE. If you cannot attend the registration meeting, please mail the registration form and payment to The RAVE, P.O. Box 122, Rosemount, MN 55068-9906

### REGISTRATION FORM

Please return this portion of the form with payment.

Athlete Name: \_\_\_\_\_ Athlete date of birth: \_\_\_\_\_

**Please complete the next section if the athlete is new or if contact information related to the athlete has changed:**

Primary contact phone: \_\_\_\_\_ Primary contact email \_\_\_\_\_

Primary address for mailed RAVE correspondence:  
\_\_\_\_\_

Parent/Guardian/Staff/Group Home/Emergency Contact Information:  
\_\_\_\_\_

- I acknowledge that RAVE requires a responsible person to be present during swimming practice.
- I acknowledge that it is my responsibility to make sure the athlete's state paperwork is current before the first practice.
- I acknowledge that to compete at the state meet in June, the athlete must have competed at the regional meet in April.

Please note any essential information that you would like to share about the athlete – allergies, behavioral issues, health concerns. (This does not replace the SOMN form.)  
\_\_\_\_\_

**Head coach:** Joe Andrus, jandrus@scoular.com

**Team manager:** Suzanne Elwell, suzanne.elwell@comcast.net