

Hamilton Aquatics Club

2025 Recreational Competitive Swim Program

League Team: HAMILTON HURRICANES is a recreational swim team that competes in the Princeton Area Swimming & Diving Assoc. (PASDA)

Location: Practices

Site 1: Rider University – June 2, 4, 5, 6, 9, 11, 12, 13, 19, 20, 23, 24, 26, 30 **5:30-6:30pm** July TBA

Site 2: West Windsor HS North – June 2, 3, 4, 5, 9, 10, 11, 12, 16, 17, 23, 24, 25, 26, 30 **5:45-6:45pm** July TBA

Program Dates: June 2nd through July 25nd, 2025

Dual meet schedule: meets are always held on Tuesday and Thursday evenings.

Tentative dates 7/1, 7/8, 7/10, 7/15, 7/17.

MEET SCHEDULE

The meets will run 5:30-8pm. Warmups begin at 5:30 and the meets begin at 6pm. Please notify Coach Marni or Coach Lauren if you will not be at the meet a week prior so we can set up the lineups accordingly.
Coachmarnib@gmail.com

7/1 Hamilton @ Penn Brook (221 North Main Street Pennington, NJ 08534)

7/8 Hamilton @ Barracudas (99 Lewisville Road Lawrenceville, NJ 08648)

7/10 Trenton Country Club @ Hamilton (located at Trenton but we host the meet - 201 Sullivan Way West Trenton, NJ 08628)

7/15 Hamilton @ Community Park (380 Witherspoon Street Princeton, NJ 08540)

7/17 Hamilton @ Country Pool (73 Waln Road Chesterfield, NJ 08515)

****RAIN DATES** 7/22 or 7/24** for any meet (hopefully this will not be needed!)

MINI MEET: 10&Unders Saturday morning 7/12/2025 at Ben Franklin (99 Lewisville Road Lawrenceville, NJ 08648)

Championships are in the morning -->

MONDAY 7/28 (11& over)

TUESDAY 7/29 (10& unders)

@ CP (Community Park Bluefish 380 Witherspoon Street Princeton, NJ 08540)

PLEASE RETURN WITH YOUR PAYMENT as soon as possible to hold your placement.

Medical form also due: found on our website under the forms tab.

Consent form also found on forms tab (google doc)

<https://www.gomotionapp.com/team/njhyac/controller/cms/admin/index?team=njhyac#/website-design>

Name _____

Birthdate _____ Age as of 6/1/25 _____

Male ___ Female ___

Address _____

Phone _____

Email _____

Level: Seals _____ Marlins _____ Dolphin _____ Age Group _____ Senior _____

T SHIRT SIZE CIRCLE SIZE

YOUTH SM MED LARGE

ADULT SM MED LARGE EX-LARGE XXLARGE

Choose one site that your will be attending for practice.

Site: Rider University _____ or West Windsor Plainsboro North HS _____

AGE GROUP AND SENIOR TEAM MEMBERS SEE SANDRA OR SUE FOR PROGRAM COST

Cost: **\$375** Check payable to: **HAC**

Mail CHECK with Registration/medical form to:

HAC c/o SUE WELSH, 20 BIRCHWOOD COURT, PRINCETON JCT., NJ 085