



PENGUIN STROKE CLINIC

Monday - Friday, June 7-11

Parkcrest coaches will conduct a one-week stroke clinic to prepare swimmers for the 2010 Parkcrest season.

The stroke clinic will focus on stroke refinement, starts & turns, and video analysis.

SESSION TIMES

10 & Unders - 6:00 - 7:00 PM

11 & UP - 7:00 - 8:00 PM

COST

\$25 per child for entire week

[Check made payable to: Parkcrest Swim Team]

OTHER DETAILS

Must have been on the team during the 2009 season

Maximum of 40 swimmers per session - First come, first serve

No refunds or makeup for weather related cancellations

Bring suit, goggles, & towel

PENGUIN STROKE CLINIC FORM

(Please fill out form and return with swim team registration to Beth Piper - 602 Blue Ridge Parkway [53705])

SWIMMER'S NAME	AGE (as of June 1)	CONTACT NAME / PHONE #:

ADDRESS (ZIP): _____

WAIVER: I, the undersigned, hereby acknowledge that I am familiar with the risks and dangers inherent in the activity of competitive swimming and related training. I hereby grant permission for my child/ren to participate in the Penguin Stroke Clinic. I agree to hold Parkcrest Pool, its officers, agents and employees, both individually and in official capacity, harmless from any liability for injury or damage to person or property as a result of my child/ren's participation in this activity. I hereby agree that the person supervising the activity may, without further permission, take whatever steps he or she deems necessary in case of injury, including obtaining emergency medical or dental care, and to hold Parkcrest Pool, its officers, agents and employees harmless from liability in connection therewith as above specified.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

DATE: _____

\$25 PER CHILD - TOTAL AMOUNT: _____