

Who: For children between the ages of 5 & 18 who have an interest in swimming and want to learn better technique to join a swim team.

What: Swim clinics hosted by W.R.S. There will also be an opportunity to sign up for private lessons with a coach.

Where: Kent Roosevelt High School pool

When: There will be 5 sessions, each running Monday-Thursday. They will start at 5:30pm & go to 7:00pm. The first session starts 3/24 & the last starts 4/21.

How: The cost is \$60 for the first child, after that every child is \$45. You can register your children starting the week of March 10th at the high school pool. You can pay for all the clinics you want at one time, or you can pay week by week. You may also pay the first day of each week.

SO, YOU
THINK
YOU
KNOW
HOW TO
SWIM?



For questions or information, contact

Coach Stephanie at sross7@kent.edu
or Coach Elisa at swimfly7@juno.com

www.seariderswim.org



Come improve your technique at the
**Western Reserve Searider
Coaches' Swim Camps!**

Registration Form:
(Please fill out & turn in at registration)

Swimmer #1 Name: _____
(Last) (First)

Swimmer #1 Age: _____

Experience: Novice / Beginner / Intermediate / Advanced

Swimmer #2 Name: _____
(Last) (First)

Swimmer #2 Age: _____

Experience: Novice / Beginner / Intermediate / Advanced

Swimmer #3 Name: _____
(Last) (First)

Swimmer #3 Age: _____

Experience: Novice / Beginner / Intermediate / Advanced

Total # of Swimmers: _____

Parents' Names: _____

Clinics you want to participate in:

- Clinic #1 _____
- Clinic #2 _____
- Clinic #3 _____
- Clinic #4 _____
- Clinic #5 _____

Subtotal: \$ _____
(\$60/ clinic for the 1st, \$45/ clinic for others)

Private Lessons you want to sign up for (dates):

- 1: _____
- 2: _____
- 3: _____
- 4: _____

Subtotal: \$ _____
(\$10/ lesson for every swimmer)

Total Cost: \$ _____
(Clinics + Private Lessons)

For Coaches Only:

Paid: \$ _____ Cash / Check Check # _____

Emergency Medical Form:
(Please fill out and turn in at registration)

Swimmer's Name _____
(Last) (First) (M.I.)

Age _____ D.O.B. _____ Gender: M / F

Mailing Address _____
(Street)

(City) (Zip)

Parent(s) Names _____

Home Phone _____ Work/Cell Phone _____

E-Mail _____

Emergency Contact _____ Phone _____

Physician's Name _____ Phone _____

Medical Specialist's Name _____ Phone _____

Dentist's Name _____ Phone _____

Has/Does Athlete:
Ever been hospitalized/surgery/serious illness? Yes / No
Currently under a doctors care or taking medications? Yes / No
Any known allergies? Yes / No
Blacked out or lost consciousness during physical activity? Yes / No

Please explain any "yes" answers & list all medical restrictions below.

Is the athlete covered by any health insurance company? Yes / No

If "yes," name of carrier _____ Policy # _____

Address _____

Emergency Medical Authorization

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian _____
Date _____

Address _____

Cut Here

Cut Here

Schedule:
Clinics run 5:30-7:00pm

Clinic	Mon	Tues	Wed	Thurs
# 1	3/24 Fly	3/25 Back	3/26 Breast	3/27 Free
# 2	3/31 Back	4/1 Breast	4/2 Free	4/3 Fly
# 3	4/7 Breast	4/8 Free	4/9 Fly	4/10 Back
# 4	4/14 Free	4/15 Fly	4/16 Back	4/17 Breast
# 5	4/21 Sprint	4/22 Dist.	4/23 Sprint	4/24 Dist.

Private Lessons:
Are available on the above listed days. They will run 7:00-7:30pm. There will be two spots open each night, one with each of the coaches. Only one kid may be signed up for each spot. Sign-ups for private lessons will be on a first-come, first-serve basis. Each lesson costs \$10.