



# HIGH SCHOOL SWIM CLINIC

**VIDEOS** taken of each swimmer above and below the surface

Latest **TECHNIQUE** taught

All four competitive **SWIMMING STROKES** addressed

**PERSONAL** attention given to each swimmer

**FOCUS** on efficiency, endurance, strength, and speed



## MONDAY - THURSDAY

## July 24 - 28

## 9:15am - 11:45am

Cost: \$140 members/\$165 non-members

Purpose: This is a swim clinic for rising 9th - 12th grade high school swimmers, both boys and girls. The primary focus will be placed on refining swimming technique, and the secondary focus is swimming conditioning.

Prerequisites:

- 1) Girls and boys, rising freshmen through seniors.
- 2) Willingness to learn.
- 3) Ability to swim more than one competitive stroke.

Daily Schedule: 9:15am - 10:15am: Video & Stroke Instruction (conf room); 10:15am-10:30am: Break (change to swim suits); 10:30am- 11:45am: Swimming Instruction & Drills (pool); 11:45am: Dismissal (*schedule subject to change*)

Make-Up Day (in the event of rain) is Friday, July 28, 9:15am - 11:45am

Director and Coach: Scott Fleming, *USA Swimming & US Masters Swim Coach*, 706.424.2642

Limit 15 swimmers. Registration Form on the back, drop off at the Program Registration Desk.



# High School Swim Clinic

Participant's Name: \_\_\_\_\_ FAC#: \_\_\_\_\_ Age: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<p><b>High School Swim Clinic Session Dates</b></p> <p><input type="checkbox"/> July 24 – 28, 2017</p>
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### Program Payment

\_\_\_\_\_ \$140 member    \_\_\_\_\_ \$165 non-member

\_\_\_\_\_ Charge my member account    \_\_\_\_\_ Check    \_\_\_\_\_ Credit Card    \_\_\_\_\_ Cash

For Office Use:	<b>Payment Method</b>	<i>Account Holders Int'l's</i> _____
_____ <b>Check</b> (Make checks payable to Franco's Athletic Club)	_____ <b>Credit Card</b> Please Circle: Visa MC AMEX Disc	
_____ <b>Membership Charge Account #</b> _____	C.C. Number _____	Exp. _____

### Club Waiver Release

All signed participants desire to voluntarily utilize the services and, if applicable, facilities and equipment provided by Franco's Athletic Club. As a consideration for the right and privilege of being permitted access to Franco's Athletic Club, and if applicable, facilities and equipment, the undersigned does hereby release Franco's Athletic Club, and employees from any and all liabilities of any kind whatsoever arising out of any physical or mental injury or damage incurred or sustained by the undersigned, minor child, of the undersigned, or the undersigned property, while voluntarily preparing to use, using or cleaning up after using, any of the services and applicable facilities and equipment provided by Franco's Athletic Club; and furthermore, agrees to save and hold harmless Franco's Athletic Club, its owners, agents, and employees, for any damages or injuries arising out of the undersigned's, or the undersigned's minor child, use of the facilities, equipment and/or services. Furthermore the undersigned acknowledges that he or she has obtained independent medical approval to use the services, facilities and equipment provided by Franco's Athletic Club for themselves, or for their minor child, and that he or she has made Franco's Athletic Club aware of any limitations suggested by his/her physicians. The undersigned acknowledges and affirms that he or she has carefully read this release and has asked and obtained a satisfactory explanation of any part that he or she does not understand. The undersigned acknowledges that photos may be taken for publicity/marketing purposes and gives his/her authorization for any photos of his/herself, or of their minor child, to be used in this fashion.

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_