

**Elmhurst Swim Team
2010 Fall Stroke Clinic**

The Elmhurst Swim Team is hosting a Fall Stroke Clinic designed to refine and/or develop skills in each of the four swimming strokes. The clinic is intended for anyone between the ages of 5 and 18 who can swim the length of the pool (25 yards) and who wants to improve swimming technique.

PLEASE NOTE: THIS IS NOT A LEARN-TO-SWIM PROGRAM.

DATES:	<u>Monday</u>	<u>Wednesday</u>	<u>Friday</u>
	Sept. 13	Sept. 15	Sept. 17
	Sept. 20	Sept. 22	Sept. 24
	Sept. 27	Sept. 29	Oct. 1

TIMES: 5:30 - 6:30 pm (10 & under)* 6:30 - 7:30 (11 & older)* 6:30 - 8:00 pm (seniors)*
*Please see Coach Davis if you have questions as to when your swimmer should attend!

WHERE: York High School Aquatic Center, 355 W. St. Charles Road, Elmhurst, IL

COST: \$60.00 per swimmer (did **not** swim for the 2009 - 2010 Elmhurst Swim Team winter season) \$50.00 per swimmer (swam for the 2009 - 2010 Elmhurst Swim Team winter season). Cash or checks made payable to: **Elmhurst Swim Team**

MAIL IN REGISTRATION ONLY!!!!!!

**Please mail your registration to: Elmhurst Swim Team
489 Mitchell Avenue
Elmhurst, IL 60126**

Must be postmarked by August 30th

Registration is limited and accepted on a "first come, first served" basis and this clinic traditionally does fill to capacity. Registrations will be accepted until sessions are full. Date of registration is based on the postmark date on your envelope.

QUESTIONS: Please call Coach Davis at (630) 617-2481 or e-mail him at estswim@gmail.com

**EST 2010 FALL STROKE CLINIC REGISTRATION FORM
SWIMMER INFORMATION (PLEASE PRINT)**

FIRST NAME	MIDDLE NAME	LAST NAME	AGE	BIRTH DATE	GENDER
_____	_____	_____	____	__-__-__	____
_____	_____	_____	____	__-__-__	____
_____	_____	_____	____	__-__-__	____
_____	_____	_____	____	__-__-__	____

PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

Mother/Guardian: _____ Father/Guardian: _____

Street Address: _____ City/Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail*: _____

Emergency Contact: _____

Medical Condition: _____

Allergies _____ Medications: _____

Medical Release/Waiver: In case of an accident or illness regarding my swimmer(s), I request the coach/team representative to contact me. If either parent/guardian cannot be contacted, I authorize the coach/team representative to take such emergency action as may be deemed necessary. I agree to hold the Elmhurst Swim Team coaches, any team representative, or its Board members harmless for any actions taken under the direction of this release.

Parent/Guardian Signature: _____ Date: _____

Amount Enclosed: \$ _____ Cash _____ Check# _____ **NO CREDIT CARDS**

*Please include your e-mail address to be registered

ELMHURST SWIM HAS ADOPTED A NO REFUND POLICY