



**Spring Stroke Clinic 2011**  
**April 4<sup>th</sup> - April 15<sup>th</sup>**  
**M/W/F 6:00 pm - 8:00pm**

This 2-week clinic is for competitive swimmers in the community between the ages of 6 and 18.

It is designed to improve competitive performance with an emphasis on stroke technique, starts, and turns. It is also an excellent opportunity to segue into the upcoming **Spring/Summer Season**, which starts for FCA on April 8<sup>th</sup>.

This is **NOT** a learn-to-swim program, and if there is any question about a swimmer's ability to participate, we strongly recommend a stroke evaluation with FCA prior to the clinic.

**Rate: \$180; Late fee \$30 if submitted after April 1<sup>st</sup>. There will be no refunds after this date.**

Fees will **not** be prorated. Spaces are limited and will be filled on a strictly first-come, first-served basis. Levels subject to change upon staff evaluation.

Child's Name:	Age:	Level: <input type="checkbox"/> Novice <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Child's Name:	Age:	Level: <input type="checkbox"/> Novice <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Child's Name:	Age:	Level: <input type="checkbox"/> Novice <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Parents' Names:		
Billing Address:		
City, State Zip:		
Home Phone:	Work/Cell:	
School Affiliation:	Email:	
Child's Pediatrician:	Dr. Phone #:	
<input type="checkbox"/> MasterCard	Name:	Card #: Exp. Date:
<input type="checkbox"/> Visa		
Checks should be made payable to <b>FRIENDS' CENTRAL SCHOOL</b>		<b>TOTAL:</b> <input style="width: 100px;" type="text"/>

**COMPLETE PAYMENT MUST BE SUBMITTED WITH THIS REGISTRATION FORM. NO SWIMMER WILL BE ALLOWED TO PARTICIPATE UNTIL THEY HAVE COMPLETED A REGISTRATION FORM, EMERGENCY CONSENT FORM AND SUBMITTED THE APPROPRIATE FEE.**

FCA shall not be responsible for any loss or damage to personal property.

I hereby give permission for my child to: Take part in all Friends' Central Aquatics activities; be treated by the FCA staff, local doctor, or area hospital in the case of an emergency; and appear in photographs that may be used for the purpose of publications or advertising including the FCA website.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



### ***Stroke Clinic Emergency Consent Form***

*(This information must accompany all registration forms)*

Swimmer's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Health Insurance Numbers \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

**Physical or Medical Concerns** \_\_\_\_\_

Does your child have allergies?  No  Yes Please list:  
\_\_\_\_\_

Is your child taking any medications regularly?  No  Yes Please list:  
\_\_\_\_\_

Emergency Contact:

Name	Relationship	Daytime Phone
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I hereby give permission for my child to take part in all aquatics workouts. I also give permission for my child to be treated by a local doctor, the athletic trainer, or area hospital in the case of a medical emergency.

X \_\_\_\_\_  
*Parent's Signature* *Date*

Relationship to Swimmer \_\_\_\_\_  
*mother, father, guardian*

\*\*All swimmers **must** submit a completed Emergency Consent form in order to participate in Friends' Central Aquatics\*\*