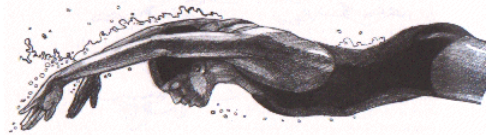


West Austin Athletic Club

Spring Swim Stroke Clinics 2012

Stroke clinics provide a great way to learn and improve swim technique. These classes will emphasize learning/improving the four competitive swim strokes, starts, and turns.



WAAC's weekday stroke clinics are for children/teens from 4 through 14. Clinics meet four days per week. We recommend swimmers attend 2-3 times per week, and they are welcome to come all four days. Clinics are designed for both beginners, just learning the four competitive strokes, and experienced swimmers who want to improve their strokes. Swimmers in stroke clinic must be able to easily swim across a 25 yard pool with their face in the water. Classes must have at least 5 participants or they will be

combined with another class. Swimmers not yet able to swim this distance should sign-up for Guppy classes.

WAAC's Saturday stroke clinics are designed for swimmers who know the four competitive swim strokes and would like instruction as they get ready for summer activities. These stroke clinics are for ages 5-18. Swimmers will be divided by ability for these clinics. There must be at least five participants in these clinics or they may be combined with another program.

Weekday Clinics (Must be comfortable swimming across the pool in any fashion) Ages 4-14

Session 1: Mar. 19 – Apr. 26 Monday – Thursday (six weeks)

5:15-6 or 6-6:45

Cost: \$125

Session 2: Apr. 30- May 24 Monday-Thursday (four weeks)

5:15-6 or 6-6:45

Cost: \$100

Late fee of \$25 must be included for registrations received after Friday, March 9 for Session 1 and Monday, April 23 for Session 2

Saturday Stroke Clinics (Must know the four swim stroke and be comfortable swimming lengths across the pool) Ages 5-18

April 28, 1-4 pm Freestyle, Breaststroke, Starts

May 5, 1-4 pm Backstroke, Butterfly, Turns, IM

Cost: \$45 for one Saturday, \$75 for both when registered together

Late fee of \$10 must be included for registrations received after April 21 for the April 28 clinic and after April 28 for the May 5 clinic

WAAC members receive a 10% discount on programs.

For more info: Call 263-4282, email becky@wfly.com or go to www.wfly.com

Become a WAAC Member

Enjoy WAAC's facilities, get discounts on programs!

Registration Form for WAAC Spring Stroke Clinic

Swimmer's Name: _____ Birth Date: _____ Gender: M F
Parents' Name _____
Address: _____ Zip: _____
Contact Number: _____ Email: _____

Please indicate preferred session and class time:

Session 1: Mar. 19 – Apr. 26 M-Th

5:15-6 6-6:45

Cost: \$125

Session 2: Apr. 30 – May 24 Monday- Th

5:15-6 6-6:45

Cost: \$100

Late fee of \$25 must be included for registrations received after Friday, March 9 for Session 1 and Monday, April 23 for Session 2

Saturday Clinics

April 28 May 5

Cost: \$45 for one Saturday, \$75 for both if register at the same time

Late fee of \$10 must be included for registrations received after April 21 for the April 28 clinic and after April 28 for the May 5 clinic

WAAC members receive a 10% discount. Full payment is due with registration form and is non-refundable. If WAAC has a different program which better serves the swimmer, then these funds will be transferred.

Return form with payment to: West Austin Athletic Club, 1024 Patterson Rd. 78733
(fax: 263-0131, email: becky@wfly.com). Payment must accompany registration form.

Payment: Member charge _____, check, or Credit Card (on-line Google check out)

To pay by credit card, please use our automatic payment at www.wfly.com

Medical Information & Parental Consent:

I, the minor's parent and/or legal guardian, understand the nature of fitness activities of West Austin Athletic Club's Swim Classes, and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees (West Austin Athletic Club, their administrators, directors, agents, owners, members, volunteers, and employees) from all liability, claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise including negligent rescue operations, and further agree that if, despite this release, I, the minor's parent and/or legal guardian, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cause any may incur as the result of any such claim. I give West Austin Athletic Club and its Releasees permission to perform medical treatment for the minor child as needed. Included below is information about my child's medical history and emergency contacts. I GIVE OR DO NOT GIVE my child permission to go down the water slide and off the diving boards.

Parent's Signature & Date: _____

Become a WAAC member and use the facilities all year!!