

# August All Star Swim Clinic



West Austin Athletic Club  
1024 Patterson Rd 78733

- \* Get ready for fall high school or USA club short course season
- \* Stroke mechanic tips to make your strokes, turns & starts more powerful & efficient
- \* Clinics include dry-land exercises & swim sets to get swimmers ready for fall
- \* A unique opportunity to work with two former collegiate swimmers and experienced coaches

**August 8-18**  
**Monday—Thursday**



**Coaches: Nathan Michaud & Ginny Walsh**

**Coach Nathan** is currently the head coach of St. Andrew's High School Swim Team. A former UT Longhorn swimmer and high school standout, Nathan now brings his passion for the sport to his athletes.

**Coach Ginny** has been the head coach at Lakeway, working with WAAC National Coach Janet Risser. Ginny swam for D3 powerhouse Denison University competing at conference and Nationals all four years. A versatile coach, Ginny has coached all ages helping young swimmers realize their swimming goals.

**Swim Requirement to be this Clinic**

Minimum swim requirement:

must be proficient in the four competitive strokes, be able to swim continuously 100s and 200s, and be comfortable with workouts of 2000 yards (hs) or 1500 yards (ms and ele).

## High School Clinics (9-12th grade)

Two weeks: (Monday- Thursday)

5:15-6:45 pm

Cost \$50

## Middle School/Elementary Clinics (3rd-8th grade)

Two weeks: (Monday-Thursday)

4-5:15 pm

Cost \$50

Return form with payment to WAAC ! 263-4282 [www.wfly.com](http://www.wfly.com)

Registration for WAAC All Star Elite Swim Clinic

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Circle Clinic

High School Mar. 8-18, M-Th 5:15-6:45 pm

Middle School /Elem Mar. 8-18, M-Th 4-5:15 pm

**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 Re-leases, 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 in an attached sheet is information about my child's medical history and emergency contacts.

Parents Signature: \_\_\_\_\_