

# August Stroke Clinics with Hans Dersch

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
- \* High School clinic includes an extra hour of workout to prepare you for high school team try-outs
- \* A unique opportunity to work with a former Longhorn swimmer, Olympic Gold medalist, & experienced clinic coach

**High School Clinics (14 & older)**  
Three weeks: (Monday- Thursday)  
9:15-10:15 am Clinic, 10:15-11:15 am Workout  
Aug. 2-5: Freestyle & Starts  
Aug. 9-12: Backstroke & Butterfly  
Aug. 16-19: Breaststroke, IM & Turns  
\$30/week or all 3 for \$75

**Middle School Clinics (11-13 year olds)**  
10:15-11:15 am

**Elementary Clinics (7-10 year olds)**  
11:15 am-12:15  
Two weeks (Monday-Thursday)  
August 9-12: Freestyle & Backstroke  
August 16-19: Breaststroke & Butterfly  
\$30/week or both weeks for \$50

## Who is Hans Dersch ??

**...Athlete**  
1992 Olympic Gold, Barcelona  
1991, Pan American Games, Cuba  
1990 Goodwill Games, Seattle  
1988-90 All-American, UT, Austin  
Member 3 USA National Champion Teams



**...Coach**  
1993-1995 Asst. Swim Coach, Texas A&M  
1993-Present Swim Clinic Coach  
Although Hans is a busy businessman & Dad, he remains interested & active in the swim community! This is a great opportunity for you to learn from an elite athlete who knows how to teach & inspire young swimmers to excel.

Return form with payment to WAAC ! 263-4282 www.wfly.com

Registration for Hans Dersch August Stroke Clinics

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

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

High School (Circle Weeks) Aug. 2-5 Aug. 9-12 Aug. 16-19

Middle School (Circle Weeks) Aug. 9-12 Aug. 16-19 Elem. (Circle Weeks) Aug. 9-12 Aug. 16-19

**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: \_\_\_\_\_