

Learn the RIGHT WAY to swim!



**Auburn Racquet
&
Fitness Club**

New Stroke Clinics

Ages 5-6



January 8th-April 24th

Auburn Racquet & Fitness Club

1255 Racquet Club Drive

Phone: 530-885-1602

Email: Bree@ar-fc.com

www.ar-fc.com

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&
Fitness Club**



About the Program

In our New Stroke Clinics for five and six year old children we will focus on body positioning and breathing. We will help build the foundational skills they need to become proficient swimmers. We will add Freestyle kicking, then pulling. Backstroke is introduced next, in a similar progression. The clinics are held twice a week for 30 minutes in the small, indoor, 88° teaching pool.

Once Freestyle and Backstroke skills are locked in by muscle memory, the later clinics can focus on Butterfly and Breaststroke.

About the Coach & Director

Aquatic's Director and Stroke Clinic Coach, Bree Renz, has 12 years experience coaching year-round swim clubs, and is a highly accomplished swimmer and coach. She began competitive swimming at 7, quickly advancing to teams led by Olympic coaches. Bree won numerous AAU titles and set records in state championship meets. However, her passion for swimming went beyond personal success. She dedicated five summers to coaching and developing young swimmers, focusing on skills, confidence, strength, teamwork, and sportsmanship. Her mission is to help children cultivate essential swimming technique, boost confidence, foster strength, nurture team spirit, and embrace good sportsmanship.



For more information email:
Bree@ar-fc.com

Pricing

\$80 Members /\$95 Non-Members

Schedule

Mondays and Wednesdays

3:30 PM-4:00 PM

- Session 1: January 8th-January 31st
Session 2: February 5th-February 28th
Session 3: March 4th-March 27th
Session 4: April 1st-April 24th



Stroke Clinic Registration Form

2024 One Form per Child

Child's Name: _____

Member Number: _____

Age: _____ Birthdate: _____

Address: _____

City: _____ Zip Code: _____

Parent's Name: _____

Phone: _____

Email Address: _____

Price: \$80 (M) ☐ \$95 (NM) ☐

Session 1: January 8th-January 31st ☐

Session 2: February 6th- February 28th ☐

Session 3: March 4th- March 27th ☐

Session 4: April 1st-24th ☐

Price: _____

Receipt Number: _____

I give my permission for my child to participate in swim programs at Auburn Racquet & Fitness club and hereby release waive any and all rights and claims for damages I might have against Auburn Racquet & Fitness Club and its agents for any and all injuries which may be suffered by my child in connection with participation in this program.

Signature: _____

Date: _____