

JOIN MAY STROKE ‘n’ TURN!



May 2024

Stroke ‘n’ Turn Clinic

Ages 5-18

All Levels Welcome!



May 7<sup>th</sup>-May 31<sup>st</sup>

Auburn Racquet & Fitness Club

1255 Racquet Club Drive

Phone: 530-885-1602

Email: Bree@ar-fc.com

www.ar-fc.com



MAY STROKE ‘n’ TURN

The May swim clinic is a **FOUR TIMES A WEEK PROGRAM** to help swimmers get ready for the summer swim season. The Stroke ‘n’ Turn Clinic focus is to improve technique and conditioning. It’s also fun for ages 5-18. *This is not a swim lesson program.*

Aquatics 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.



Schedule

May 7<sup>th</sup>-May 31<sup>st</sup>  
Tuesday-Friday

**Beginner:** 3:45-4:30  
**Intermediate:** 4:30-5:30  
**Advanced Level:** 5:30-6:30

Advanced level must be 11 years of age, unless approved by the coach. One year on Sharks Swim Team. Proficient in all four strokes. All must be pre-approved.

Prices:

Cost Per **FIRST** Swimmer:  
\$135(M)/\$160(NM)

Cost Two or more Family members:  
\$120(M)/\$145(NM)

Stroke ‘n’ Turn Registration Form

May 2024  
One Form per Child

Child’s Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent’s Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Cost Per 1<sup>st</sup> Swimmer:  
\$135M ☐ \$160(NM) ☐  
Two or more Swimmers: \$120 ☐ \$145(NM) ☐

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: \_\_\_\_\_

SWIM TEAM REGISTRATION  
PIZZA PARTY  
May 4<sup>th</sup> at 5 PM