

ARFC Spring Stroke & Turn Clinic Registration Form

One Form Per Student

ARFC Stroke & Turn Clinics

Clinic Details

ARFC is headed for year-round excitement as we bring swimmers to the next level. These clinics will simulate a year-round swim team moving swimmers to excellence. Technique, conditioning, and personal development are just some of the clinic benefits. We hope you take this challenge and meet us at the pool!

This is not a swim lesson program.

These sessions consist of 3 workouts per week, from 4:00 - 5:00 pm, Mondays, Tuesdays, & Wednesdays. Clinics include workouts in and out of the pool consisting of:

1. Streamline: Physical effort & concentration
2. All four strokes: Free, Back, Breast and Fly
3. Long and short axis drills
4. Diving, sprinting, flip turns
5. Safety, pulse checks, target ranges
6. Long sets, mixed sets, warm ups/cool downs

Coach Walker Lidge

Walker swam competitively from age 5-17. He has been a swimming instructor with ARFC for 3 years. .

Director Emily Daley

Emily swam competitively from age 7-19 and graduated from Sacramento State University with a BA in Child Development in 2000. She then worked as a swimming instructor, (infant, toddler, special needs, adult and children), and was Head Coach for the league champion ARFC Sharks this summer!

Cost Per 1st Swimmer.....	\$95.00
Cost Per 2 nd Swimmer.....	\$90.00
Cost Per 3 rd Swimmer.....	\$85.00
Cost Per Non-Member.....	Add \$20 to each
<i>Register for both sessions....get \$5 off each session</i>	

Schedule

Session I: March 6 – March 30
Session II: April 3 – April 26

Clinics are held Mon/Tues/Wed
 4:00pm – 5:00pm

Coach Walker will be on deck.



Our goal is to create a positive and safe environment for all students and athletes.

We incorporate contemporary teaching and coaching methods that will enhance a swimmer's self esteem as well as performance.

The root of our teaching philosophy: hard work, respect for oneself and others, and fun.

Pricing
Price Per Session

Student Name _____ Age _____ Member # _____

Address _____ City _____ Zip Code _____

Session: I II Email Address _____

Parent Name _____ Phone (H) _____ (W) _____

Registration Fee _____ Discount _____ Total _____ Receipt # _____

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

Parent Signature _____ Date _____

Visa and MasterCard Accepted

Auburn Racquet & Fitness Club Stroke & Turn Clinics

Get in the swim!



Stroke and Turn Clinics Spring 2017



All Levels Welcome

Ages 5-18

Two Sessions

March 6 – April 26, 2017

Auburn Racquet & Fitness Club

1255 Racquet Club Drive

Auburn, CA 95603

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