

ARFC Stroke & Turn Clinics

AR&FC Stroke and Turn Clinics Registration Form One Form Per Student

About the Clinics

Auburn Racquet & Fitness Club's Stroke and Turn Clinics focus on improving stroke technique, physical conditioning, and overall fun.

This is not a swim lesson program.

This Fall the Club is offering three four-week sessions. Clinics are held from 4:00 pm to 5:00 pm, Tuesday, Wednesday & Thursday with swimmers possibly grouped into two age categories: 5 through 8* and 9 and older.

Clinics will include sets, sprints, and feedback for stroke improvement and endurance.

* Some swimmers under 8 may swim with older kids with the coach's permission.

Coach Bonnie Records

Auburn Racquet & Fitness Club provides state-of-the-art Aquatics Facilities for your Stroke & Turn Clinics. Aquatics Director Bonnie Records has taught swim lessons and coached for over 20 years. She has taught students from ages 6 months to 70 years of age. In Bonnie's previous stint as ARFC's Aquatics Director, Bonnie coached our Stroke & Turn Clinics and Sharks Recreational Swim Team.

Her approach is to eliminate fear by teaching "self-rescue" safety techniques boosting confidence and safety. Bonnie's certifications include WSI Red Cross, L ifeguard CPR PRO, , and AED/First Aid & Head Coach.

Pricing	
Price Per Session	
Cost Per 1st Swimmer.....	\$95.00
Cost Per 2nd Swimmer.....	\$85.00
Cost per 3rd Swimmer.....	\$75.00
Cost per Non-Member.....	add \$20.00 to each
<i>Sign-up for all three sessions by September 4 and receive \$10 off each session.</i>	

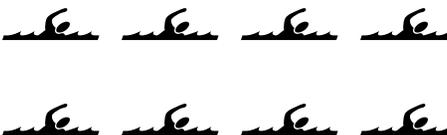
Schedule

Session I: September 12 – October 5
Session II: October 10 – November 2
Session III: November 7 – December 7*

***There will be no clinics Thanksgiving week.**

Clinics are held Tuesday, Wednesday & Thursday, 4:00-5:00pm

Coach Bonnie will be on the deck for all days of the clinics.



My goal is to create a positive and safe environment for all of my students and athletes.

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

Student's Name _____ Age _____ Member # _____

Address _____ City _____ Zip Code _____

Session: I II III Email Address _____

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

Registration Fee _____ Discount _____ Total _____ Receipt # _____

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 damage I might have against Auburn Racquet & Fitness Club and its agents for any all injuries which may be suffered by my child in connection with participation in this program.

Parent's Signature _____ Date _____

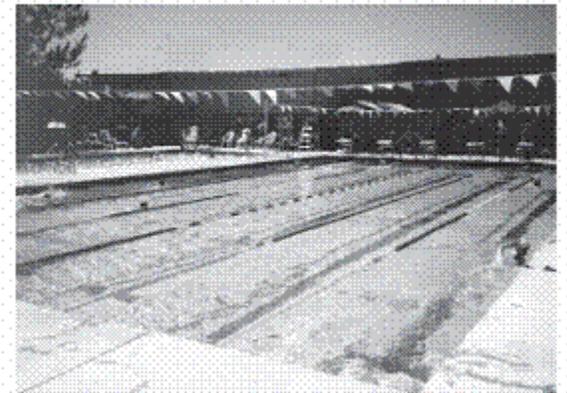
Visa and MasterCard Accepted

Auburn Racquet & Fitness Club Stroke & Turn Clinics

Get in the swim!



Fall 2017 Stroke & Turn Clinics



All Levels Welcome
Ages 5-18

Three Sessions
September 12 – December 7,
2017

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