

Learn the RIGHT WAY to swim!

**Auburn Racquet  
&  
Fitness Club**

## New Stroke Clinics

Ages 5-6

ALL I WANT  
TO DO IS  
**SWIM**



January 8<sup>th</sup>-April 24<sup>th</sup>

**Auburn Racquet & Fitness Club**

1255 Racquet Club Drive

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[www.ar-fc.com](http://www.ar-fc.com)

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## About the Program

In our New Stroke Clinics for five and six year old children we will focus on body positioning and breathing. We help build the foundational skills needed to become proficient swimmers. We 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 muscle memory, 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.



## Pricing

\$80 Members / \$95 Non-Members

## Schedule

Mondays and Wednesdays

3:30 PM-4:00 PM

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



## 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 8<sup>th</sup>-January 31<sup>st</sup>

Session 2: February 6<sup>th</sup>- February 28<sup>th</sup>

Session 3: March 4<sup>th</sup>- March 27<sup>th</sup>

Session 4: April 1<sup>st</sup>-24<sup>th</sup>

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: \_\_\_\_\_

For more information email:

Bree@ar-fc.com