

2010 SPRING SWIM CLUB

The Spring Swim Club is a *fun*, four-week stroke clinic for juniors ages 4 to 18. We will spend one week on each of the four competitive strokes: freestyle, backstroke, butterfly, and breaststroke, in preparation for the upcoming Swim Team season. Swimmers are eligible if they can swim close to half a length of freestyle ("big arms") with side breathing (or an attempt at breathing to the side), and are comfortable floating or kicking on their backs. **This is NOT a beginner swim lesson.** *Your child must be completely water safe, comfortable with his/her face in the water, and have appropriate behavior and listening skills for a group environment.* Registration priority will be given to 1) Returning Rocket swimmers and their siblings, or members who have been involved in our fall or winter swim lessons and will be joining the team this year (must be pre-approved by Coach Kim), 2) other club members and swimmers from any Sacramento Swim League team, and 3) non-members.

The clinic will be held on Monday through Friday afternoons, March 1st through March 26th. You may choose either a 2-day or a 3-day per week option, and cost for the clinic is \$68 and \$96, respectively for *swimmers who are club members*. Non-member fees are \$83 (2 days per week), and \$116 (3 days per week) for the clinic. On the following sign-up page, please circle the days you plan to attend (after registering, days may be changed only if space is available). Session times are: 4:30 to 5:00 for 8 & unders or new swimmers (Green Group), 5:00 to 5:40 for intermediate 9 to 12 year olds (Red Group), and 5:40 to 6:30 for advanced 11 and up swimmers (Gold Group). Note: age groupings are flexible, depending on swimming ability. You will be contacted before the start of the clinic as to your swimmer's group. Please be careful that you circle the correct days on the registration form, and also write them down on this page for your reference. Kids showing up on the wrong day will swim only if there is space available. If the clinic fills up on weekdays, it is possible that Saturday afternoon practices will be added.

Last year we had 120 swimmers enrolled and the clinic filled up very quickly. *Please register early to avoid disappointment!* Refunds will only be given up to the time the group is filled, so please do not sign up a child who does not meet the minimum eligibility requirements. Please return the registration form to the front desk or mail to the Swim Director (address next page). Non-members must attach a check (made out to "Rollingwood"). Members may attach a check, or indicate on the space provided if you would like the fee charged to your club account. If you need further information or have any questions, please call Kim Berrios at the club (988-1727, ex. 106).

Days we chose _____

(Hang this page on your refrigerator for easy reference)

KEEP THIS PAGE – DO NOT TURN IT IN WITH REGISTRATION FORM

SPRING SWIM CLUB REGISTRATION

Swimmer's name: _____

_____ age _____ DOB _____ M/F (circle)
_____ 2 days/week 3 days/week
(please circle desired days) M T W Th F \$68 \$96
If your swimmer is not a member: \$83 \$116

Swimmer's name: _____

_____ age _____ DOB _____ M/F (circle)
_____ 2 days/week 3 days/week
(please circle desired days) M T W Th F \$68 \$96
If your swimmer is not a member: \$83 \$116

Swimmer's name: _____

_____ age _____ DOB _____ M/F (circle)
_____ 2 days/week 3 days/week
(please circle desired days) M T W Th F \$68 \$96
If your swimmer is not a member: \$83 \$116

_____ If Saturday afternoon sessions were held, we may prefer them over, or in addition to, a weekday.

Parent's Name(s) _____

Address _____

Home phone _____ Today's date _____

Cell or work phone _____

Email address (if you check it regularly) _____

_____ Please charge my Rollingwood Club Account _____ Check is attached (to "Rollingwood")

Please return this form to the front desk, or mail to:

Kim Berrios
8667 Quail Oak Wy.
Orangevale, CA 95662

Non-members only: Please read and sign below:

I accept full responsibility for myself and my Family's use of any and all apparatus, appliances, facility, privilege or services whatsoever owned and operated by the club, at my own risk and shall hold the club, its shareholders, directors, officers, employees, representatives and agents harmless from all loss, claim, injury, damage, or liability sustained or incurred by me and my family resulting there from. Furthermore, I grant permission to Rollingwood Racquet Club to call and inform me of any Club Promotions.

Signature: _____

Date: _____