

Team Genesis/LOVE Swimming

A Sports Ministry of Trinity Fellowship Church

Monthly Technique Swim Clinic Registration Sign-Up Form

Our Technique Swim Clinics teach swimming skills for speed. They provide detail & skilled training of all 4 competitive swim strokes via stroke instruction, stroke correction, water, dry land swimming drills and analysis to improve a swimmers ability to go faster, improve speed and take out a race. We offer up to 4 classes per clinic ranging from 45-60 minutes per class.

Date Received: _____

By: _____

2019-2020 Technique Swim Clinic Swimmer Information:

Name: _____

Sign-up Date: _____ Age: ____ Grade in School/College: _____ DOB: _____ Gender: _____

Team: _____ Training Group: _____ T-Shirt: Youth (S – XL) ___ Adult (XXS – 4X) _____

Parent Information: **Mother:** _____ **Father:** _____
 Home Phone: _____ Home Phone: _____
 Work Phone: _____ Work Phone: _____
 Cell Phone: _____ Cell Phone: _____
 Employer: _____ Employer: _____
 Email: _____ Email: _____

Mailing Address:

Street: _____ City: _____ State: _____

Payment: Make Checks Payable to **Trinity Fellowship** & mail to:

Full Payment is required for all Camps/Clinics.

Monthly Technique Swim Clinics cost \$75.00 each

Payments can also be made on-line at shop.loveswimming.org

Attn: Swim Clinic Director

LOVE Swimming Camps/Clinics

P.O. Box 345

Bonne Terre, Missouri 63628

Billing Address: If different from Mailing Address.

Street: _____

City: _____ State: _____

Phone: _____ Cell: _____ Email: _____

Credit/Debit Card: _____ (Discover, Visa, Master Card) Exp (Month/Year): _____

Name of Card: _____ Total \$ to Charge/Debit: _____

Technique Swim Clinics are conducted at all of our Training Sites, see our website: shop.loveswimming.org.

Please circle or check the Technique Swim Clinic(s) and date(s) your plan to attend:

i.e. *(08/26/2019) means Payment Deadline

Complete Performance Technique Swim Clinic , 9/3, 9/10, 9/17, and 9/24/19 *(8/26/2019)	Psych Technique Swim Clinic , 1/7, 1/14, 1/21, and 1/28/2020 *(12/31/2019)	Start & Turn Technique Swim Clinic , 5/5, 5/12, 5/19, and 5/26/2020 *(4/28/2020)
Stoke Technique Swim Clinic , 10/1, 10/8, 10/15, and 10/22/19 *(9/24/2019)	Race Strategy & Winning Attitude Technique Swim Clinic , 2/4, 2/11, 2/18, and 2/25/2020 *(1/28/2020)	Sprint & Speed Technique Swim Clinic , 6/2, 6/9, 6/23, and 6/30/2020 *(5/26/2020)
Start & Turn Technique Swim Clinic , 11/5, 11/12 and 11/19/2019 *(10/29/2019)	Complete Performance Technique Swim Clinic , 3/24, and 3/31/2020*(3/17/2020)	Race Strategy & Winning Attitude Technique Swim Clinic , 7/21, and 7/28/2020 * (7/14/2020)
Sprint & Speed Technique Swim Clinic , 12/3/2019 and 12/10/2019 *(11/26/2019)	Stroke Technique Swim Clinic , 4/7, 4/14, 4/21, and 4/28/2020 *(3/31/2020)	Devotional Technique Swim Clinic , 7/31/2020*(7/24/2020)

8144 Terre Bleue Drive * P.O. Box 345 * Bonne Terre, Missouri 63628 * Office/Fax: 573-358-7727 *Office Cell: 573-366-0410

Email: programs@loveswimming.org * Web Address: www.loveswimming.org & www.shop.loveswimming.org

“Love one another. As I have loved you, so you must love one another.” John 13:34

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Monthly Technique Swim Clinic Sign-up & Registration Form

Technique Swim Clinics are for ages 6 & over and are not pro-rated. All Swimmers 5 years and younger require approval by the Technique Swim Clinic Camp Director to participate. **All swimmers meeting minimal requirements can participate in Monthly Technique Swim Clinics.** Technique Swim Clinics are conducted during the Swim Season and replace a swimmers scheduled regular class or practice. Payment in full is required by a Clinics payment *deadline. Missed sessions are not refundable. For questions, please contact Mrs. Alice Oates, Swim Clinic Coach. Email: programs@loveswimming.org.

Waiver: I or I as the legal parent/guardian of a participant in LOVE Swimming Swim Camp(s)/Clinic(s), as represented by this registration, I agree to hold "LOVE Swimming, Team Genesis, Trinity Fellowship and its officers and its agents free and harmless from any claim or expense that may arise due to participation in this program.

Swimmers Signature (parent/guardian if swimmer is under 18 years) Relationship to Swimmer Date

Monthly Technique & Monthly Dive Technique Swim Clinic Referral Bonus Program

For information, please call or fax Coach Alice at 573-358-7727 or email:

programs@loveswimming.org

How did you hear of us?

Swim Team Family/Staff (circle one) Organization Newspaper Internet Flyer

Other (describe) _____

If the referral is from an existing Swim Team Family, Staff, or Organization (circle one), please provide a name, email and/or address so that we may send them a \$10.00 coupon when you purchase a Monthly Technique or a Monthly Dive Technique Swim Clinic. This referral bonus only applies if you are a 1st time Monthly Technique and/or Dive Technique Swim Clinic student.

Remember, if you bring a friend, you are also eligible for our Referral Bonus Program.

Referral Bonus Coupons are not transferrable and expire 1 year from the date you purchase a Monthly Technique or Monthly Dive Technique Swim Clinic.

Name of person who referred you: _____

Their email: _____ Phone: _____

Address: _____