

PHOENIX S.C. (Basildon)
in partnership with Basildon & District SC
PRESENTS
One-Day Swimskills Clinic

on Sunday 5th September 2010
at Gloucester Park Pool, Broadmayne, Basildon SS14 2EB

The clinic will be under the personal direction of Bill Furniss, coach to double Olympic gold medallist Rebecca Adlington and the most successful swimming coach in British history, together with his team. Bill and his team will lead all pool sessions.

COURSE CONTENT:

- Breaststroke pool session
- Backstroke pool session
- Land Training clinic
- Breaststroke analysis session
- Backstroke analysis session
- Sports Nutrition clinic

The clinic is open to any swimmer who wishes to take their skills to a higher level under the guidance of Bill Furniss.

Swimmers will undertake two pool sessions (approx. 2 ½ hours overall), and learning will be reinforced through lecture/video analysis, together with age-specific land training focusing on core stability and flexibility work.

IN ADDITION YOU WILL:

- Work with Britain's top swimming coach
- Learn the techniques of top swimmers
- Spend a day focusing entirely on technique
- Increase skill level & build confidence

The clinic is available to ASA Category 2 swimmers aged 9+ years.

The day will begin with registration at 9.30 am ready for a briefing at 9:45am and will finish at 5.00pm.

SWIMMERS: Please bring a packed lunch and water for the day. Bear in mind you will be in the water twice and dry kit for the second session might be nice!

COURSE FEE SWIMMERS: £95

PARENTS / COACHES are welcome to observe pool sessions from the gallery for which there will be a nominal £1 charge. Due to space constraints, non-pool sessions are not accessible.

I wish to apply for the Swimskills Clinic at Gloucester Park swimming pool.

NAME Date of Birth

ASA registration number:

Swimming Club: Telephone number:.....

E-mail:

I enclose a cheque for £..... Confirmation will be sent by e-mail.

CHEQUES MADE PAYABLE TO BPSC

IMPORTANT: PLEASE COMPLETE AND RETURN CONSENT FORMS FOR EVERY SWIMMER

Please note that payment will not be refundable in the event that a swimmer is unable to attend.

Please return form and cheque to: Swimskills Clinic, c/o A. Mullender, 3 Oakwood Road, Corringham, STANFORD-LE-HOPE, Essex SS17 9AX

CONSENT FORM

PHOENIX SWIMMING CLUB & SWIM SKILLS

One Day Technique Development Clinic

To be completed by the swimmer's parent or guardian.

Swimmer's Name Date of Birth

Please delete Yes or No as appropriate and complete further details as necessary.

Does your child have any specific medical conditions requiring medical treatment and/or medication? Yes / No	If yes, give details
Does your child have any allergies? Yes / No	If yes, give details
Does your child take any medication for asthma? Yes / No	If yes, give details
Any other relevant information	

In compliance with the Data Protection Act 1998, all efforts will be made to ensure that this information is secure and used only in connection with the activities of Swimskills.

DECLARATION

I am aware of, and understand the potential risks associated with physical exercise, and my child is voluntarily partaking in these activities with knowledge thereof.

I have had the opportunity to ask questions regarding sporting and recreational activities, and any questions I have asked have been answered to my satisfaction. Questions can be emailed to swimskills@phoenixbasildonsc.org.

The above questionnaire has been completed to the best of my knowledge and belief.

Without prejudice to the above, Swimskills and Phoenix S.C. (Basildon) accept no liability for loss or damage of whatsoever nature and howsoever arising caused to my child or suffered by my child whilst on the clinic, UNLESS such loss or liability is caused by the negligent act of Swimskills or Phoenix S.C. (Basildon),

I have read and agree for myself and my child to be bound by these conditions.

Signed (parent or carer) Date

EMERGENCY CONTACT INFORMATION

In case of any emergency, please complete below alternative names, addresses, and telephone numbers i.e. another member of the family or a friend, who can be contacted should parents not be available.

Name Relationship to swimmer.....

Address

.....

Telephone

Please complete below any mobile telephone number/s which may be used in an emergency.

Mobile Relationship to swimmer

Mobile Relationship to swimmer

It may be essential for Swimskills or Phoenix Swimming Club staff to have the necessary authority to obtain urgent medical treatment which may be required during a one-day swim clinic. Would you therefore complete the details on this form and sign below to give your consent.

I, being parent/carer of the above named child, hereby give permission for the Swimskills/ Phoenix Swimming Club staff member caring for my child to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature (consent by parent/carer)

Print full name Date

Cancellation policy: In the unlikely event of the cancellation of the clinic due to circumstances beyond our control, we will issue a full refund of all fees paid. However, we cannot be held responsible for any other losses incurred as a result of such a circumstance. The fee can not be returned in the event of non-attendance for any reason.