

Team Genesis/LOVE Swimming

A Sports Ministry of Trinity Fellowship Church 2023-2024 Community Swim Clinic Sign-Up Form

Our Community Swim Clinic teaches basic balancing swim skills for safety and technical swim skills. They provide detail & skilled training of basic swim balancing and breathing skills. Classes are offered at each of our training sessions and last 20 – 70 minutes depending on the swimmers ability as determined by our Clinic Director.

Date Received: _____

By: _____

2023-2024 “Free” Community 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: _____

Phone: _____ Cell: _____ Email: _____

Weekly Community Technique Swim Clinic Sign-up 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 Community Swim Clinics.** Our Community Swim Clinic is conducted during our Annual Swim Season and does not replace a swimmer’s scheduled regular class or practice. **Our 2023-2024 “Base” Annual USA Swimming and Annual Swim Team Membership is required to participate in our Community Swim Clinics. Financial Assistance is available to those who apply.** For questions, please contact Mrs. Alice Oates, Swim Clinic Coach. Email: programs@loveswimming.org or chico@il.net.

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

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Community Swim Clinic Referral Bonus Program

For information, please call: 573-358-7727 or fax Coach Alice at 573-358-1909 or email: programs@loveswimming.org or chico@il.net

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 to be used when they purchase any Monthly Technique or a Monthly Dive Technique Swim Clinic. This referral bonus only applies if they are a 1st time "Premium Member" 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: _____