

# 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 month & up to 1 class per week & and up to 60 minutes per class for each Monthly Technique Swim Clinic.

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

### 2025-2026 Technique Swim Clinic Swimmer Sign-up & Registration Form:

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 \$100.00 each**

**Payments can also be made on-line at [shop.loveswimming.org](http://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](http://shop.loveswimming.org).**

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

**\*(xx/xx/xxxx) means Payment Deadline**

<b>Devotional Technique Swim Clinic</b> , 8/12, 8/19, and 8/26/2025 *(8/5/2025)	<b>Sprint &amp; Speed Technique Swim Clinic</b> , 12/3, 12/10, 12/17 and 12/27/2025 *(11/26/2025)	<b>Stroke Technique Swim Clinic</b> , 4/1, 4/8, 4/15, 4/22 and 4/29/2026 *(3/25/2026)
<b>Complete Performance Technique Swim Clinic</b> , 9/3, 9/10, 9/17, and 9/24/2025 *(8/27/2025)	<b>Psych Technique Swim Clinic</b> , 1/7, 1/14, 1/21 and 1/28/2026 *(12/31/2025)	<b>Start &amp; Turn Technique Swim Clinic</b> , 5/6, 5/13, 5/20 and 5/27/2026 *(4/29/2026)
<b>Stroke Technique Swim Clinic</b> , 10/1, 10/8, 10/15, 10/22 and 10/29/2025 *(9/24/2025)	<b>Race Strategy &amp; Winning Attitude Technique Swim Clinic</b> , 2/4, 2/11, 2/18, and 2/25/2026 *(1/28/2026)	<b>Sprint &amp; Speed Technique Swim Clinic</b> , 6/3, 6/10, and 6/17/2026 *(5/27/2026)
<b>Start &amp; Turn Technique Swim Clinic</b> , 11/8, 11/12, and 11/19/25 *(10/29/2025)	<b>Complete Performance Technique Swim Clinic</b> , 3/11 and 3/18/2026 *(3/4/2026)	<b>Race Strategy &amp; Winning Attitude Technique Swim Clinic</b> , 7/1, 7/8, 7/15, 7/22 and 7/29/2026 *(6/24/2026)

8144 Terre Bleue Dr. \* P.O. Box 345 \* Bonne Terre, MO. 63628 \* Office: 573-358-7727 \* Fax: 573-358-1909 \*

Office Cell: 573-366-0410

Email: [programs@loveswimming.org](mailto:programs@loveswimming.org) \* Web Address: [www.loveswimming.org](http://www.loveswimming.org) & [www.shop.loveswimming.org](http://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. **A minimum of 5 swimmers are required to conduct our Monthly Technique Swim Clinic. In the event we have less than 5 swimmers sign-up, we will cancel the Clinic and fully refund all swimmers who are signed-up.** For questions, please contact Mrs. Alice Oates, Swim Clinic Coach. Email: [programs@loveswimming.org](mailto: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.

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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 Coach Alice at 573-358-7727 or Fax 573-358-1909 or email:  
[programs@loveswimming.org](mailto: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 1<sup>st</sup> 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: \_\_\_\_\_

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