



## **Millersville University Swimming 2012 Sunday Spring Stroke Clinic**

Date: April 1, 15, 22, 29, 2012

Time: Sundays 1:00 - 3:00

Location: Brooks Hall Pool, Millersville University

Cost: \$ 120.00 per swimmer (4 weeks) or  
\$ 35.00 per swimmer/per session

Millersville University's Spring Stroke Clinic is designed for swimmers of all abilities. Whether you are new to the sport or a seasoned swimmer, there will be something for everyone. The clinic is run by Millersville University's head swim coach, Kyle Almoney, along with other Millersville coaches and swimmers who will all share their knowledge of swimming with each and every swimmer.

The clinic will feature both in water and on land demonstration, as well as both individual and group teaching to make sure that each swimmer gets the right amount of attention that they need to achieve success in water.

Each week Coach Almoney and his staff of Millersville coaches and swimmers will work on a specific stroke covering proper stroke technique, starts, turns, and simple racing tips designed to improve time in the pool.

**The Clinic will be held on Sundays from 1:00-4:00 and is for ages 7 – 18. All swimmers will be broken into groups based on age so that they get the proper amount of attention.**

**Registration will be taken on a first come first serve basis.**

**For more information, please contact Coach Almoney at 717-872-3872 or you may email him at [KAlmoney@millersville.edu](mailto:KAlmoney@millersville.edu).**

### **Directions to Brooks Pool:**

Take Rt. 999 into Millersville and turn onto George St. at the light by the Millersville Mini Mart. Turn right onto Frederick St. Go a few yards and turn right at the sign for Brooks Hall. Brooks is located on top of the hill, facing athletic fields and next to tennis courts. Go in at the entrance that faces the fields and is closer to the tennis courts. Go down the steps to get to the pool. \*There is very limited parking right next to Brooks. You can park by the Boyer building at the bottom of the hill, across from the fields.

### **Sample Itinerary (subject to change)**

Week 1	Freestyle
Week 2	Backstroke
Week 3	Breaststroke
Week 4	Butterfly

\*Each weekly session will cover starts, turns, and stroke technique

### **All swimmers attending the clinic will receive the following:**

- Tip and Skills sheet of the drills and technique covered at the clinic

**Registration – Saturday Spring Stroke Clinic**  
**April 1, 8, 15, 22, 2012**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Home Address \_\_\_\_\_ DOB \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Contact Number \_\_\_\_\_ # of years swimming \_\_\_\_\_  
# of Swimmers: \_\_\_\_\_ x \$ 120.00 per swimmer (if doing weekly please indicate below)  
# of Weeks \_\_\_ @ 35.00 per week  
Total Amount \_\_\_\_\_

***Checks made payable to Womens Swimming SSI***

**Registration can be sent to:**

Kyle Almoney  
Jefferson Hall  
164 West Cottage Ave.  
Millersville, PA 17551

**Medical Information: Medical Treatment Authorization:** I, being the legal guardians of the above applicant authorize the Spring Stroke Clinic and its staff permission to request medical treatment as necessary to insure the well being of the applicant.

\_\_\_\_\_  
**(Signature of Parent/Guardian and date)**

Insurance: Coverage for accidental injury is required by all participants. Please complete the health care information below:

**Health Insurance Carrier:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

I approve of my child's attendance at the Spring Stroke Clinic and certify that he or she is in good health and able to participate in the program's activities. I (am/am not) attaching a statement explaining special limitations and required medications. Please indicate if your child suffers from allergies, asthma, diabetes, restricted activities, etc. In further consideration of the Spring Stroke Clinic accepting this application, I hereby agree to save and indemnify and keep harmless the Spring Stroke Clinic, its coaches and staff against all liability, claims, judgments or demands arising as a result of injuries sustained by the applicant during or as a result of any course given the applicant of the Spring Stroke Clinic.

Signature \_\_\_\_\_ Date \_\_\_\_\_