



TeamFINS

DREAM BIG, WORK HARD, GO FINS!

You are invited to attend our Summer Swim Clinic...

WHAT: TeamFINS Summer Stroke Clinic
WHO: All ages and levels that can swim the length of the pool unassisted are welcome.
WHEN: Mon August 8th – Thurs August 11th
6-7 PM: 9 & Under Boys and Girls
7-8 PM: 10 & Older Boys and Girls
WHERE: Giammalva Racquet Club Pool
[16400 Sir William Drive](https://www.teamfins.org)
[Spring, TX 77379](https://www.teamfins.org)
COST: \$75, payable by cash or check to TeamFINS on the first day of the clinic.

REGISTRATION: **Space is limited.** Please reserve your child's space by going to www.teamfins.org and clicking on **2016-17 Information and Clinic**, filling out the easy online form **no later than Friday, August 5th**. Payment will be due the first evening of the clinic along with completed lower portion of this form.

JOIN TEAM: On the last day of the clinic, your child will be recommended for a practice group and registration will be available online for those swimmers ready to "Dream Big and Work Hard", have lots of fun, and make new friends.

TEAM HISTORY: *TeamFINS was founded by Coach Bill Goudek in 2011. Coach Bill is also the owner of FINS (Fun In Swimming) Swim School. As Head Coach, Bill has created a year round swim team with opportunities in all levels of swimming for health, fitness, and competition. TeamFINS offers practice groups ranging from young introductory elementary age through Pre-Olympic level National training including swimmers everywhere in between, as well as our Master Program (adults only for fitness, competition and triathlon training). The coaching staff, with over 60 years of coaching experience ranging from baby swim lessons to Olympic Trial Finalists, offers instruction for every level, and every dream. TeamFINS is excited to offer the groundwork for successful swimming both short and long-term with a 5-tool approach to swimming, including: Training, Stroke Technique, Drylands, Mental Preparedness and Nutrition.*

Form must be completed and brought to clinic the first day.

Swimmer's Full Name: _____ Male/Female (circle) Birthdate: _____ Age: _____

Have you ever been a USA swimmer? Yes/No Are you currently a USA swimmer? Yes/No If yes, which team? _____

Release, Indemnity and Non-Recruitment Statement

I, the parent/guardian of the swimmer, a minor ("Swimmer"), recognize the possibility of physical injury associated with swimming and swimming pools. In consideration for TeamFINS accepting the Swimmer for its clinic and related activities (the "Clinic"), I hereby release, discharge and absolve TeamFINS, its coaches, board members, volunteers, the Lakewood Residence Club and any affiliated organizations and sponsors, their employees and associated personnel ("Providers"), against any claim by or on behalf of the Swimmer and any person (including without limitation parents, guardians and siblings) accompanying Swimmer to the Clinic that may arise as a result of the Swimmer's attendance at or participation in the Clinic. I further agree to defend, indemnify and hold Providers harmless from any and all damages, claims, losses and liabilities that may arise as a result of the Swimmer's attendance at or participation in the Clinic.

If my Swimmer is currently a member of another USA Swim Club, I confirm that neither Swimmer nor his/her parents or guardians have been recruited by anyone associated with TeamFINS to leave his/her current club and join TeamFINS.

Parent/Legal Guardian Name: (printed) _____ Date: _____

Parent/Legal Guardian Signature: _____