



HIGH SCHOOL FALL SWIM GROUP

Overview: 8th** – 12th graders. Ten week intensive training program designed to prepare swimmers for the high school swim season. Focus is on technical development of the four competitive swim strokes, aerobic training, and race strategies specific to high school swimming. Swimmers need to wear athletic shoes to practice as we will be conducting dryland training also. Open to BSRC members AND a **limited** number of nonmembers.

**8th graders will be accepted if space is available after all 9-12 grade registrations have been processed.

Dates: 10 Weeks/ August 28th-November 4th-No practice on Labor Day Monday, September 4th

Training Days and Times:

Evenings: Monday, Tuesday and Thursday 7:00-8:30 p.m.

Morning: Saturdays 8:00 a.m.-9:30 a.m.

Coaches: BSRC Aquatic Director Will Brunner
BSRC Head Coach Karen Seeber
Assistant Coaches TBD

Equipment: Goggles and caps (if necessary).

Cost: Members: **601** \$145.00. \$135.00 for each additional sibling.

Nonmembers: **602** \$275.00. \$265.00 for each additional sibling.

Make checks payable to "BSRC".

How to Sign Up:

Fill out the registration form on page two. Deliver the form and payment to the front desk of the Fitness/Aquatic Center or mail it to BSRC at P.O. Box 1537 Mechanicsville, VA 23116.

For questions, contact Aquatics Director Will Brunner at 730-2472 or bsrcaquatics@gmail.com.



**BURKWOOD SWIM AND RACQUET CLUB
FALL HIGH SCHOOL SWIM PREP GROUP
REGISTRATION FORM**

DATE: _____

Parent Name: _____

BSRC # (if applicable) _____

Phone Number: _____

Email address: _____

First Child's Name: _____

Age: _____

Second Child's Name: _____

Age: _____

Third Child's Name: _____

Age: _____

COST

Members: **601** \$145.00. \$135.00 for each additional sibling.

Nonmembers: **602** \$275.00. \$265.00 for each additional sibling.

MEDICAL WAIVER

I HEREBY RELEASE, BURKWOOD SWIM AND RACQUET CLUB, AND ALL STAFF FROM ALL RESPONSIBILITY, ACCIDENT, OR INJURY INCURRED WHILE PARTICIPATING IN THE HIGH SCHOOL PREP PROGRAM.

FURTHERMORE, I AUTHORIZE BSRC PERSONNEL TO SUMMON APPROPRIATE MEDICAL ATTENTION FOR MY CHILD IN THE EVENT OF MY ABSENCE.

I HAVE READ AND UNDERSTOOD THE FOREGOING RELEASE AND I AGREE TO THE ABOVE TERMS.

Signature: _____

Date: _____