



Swim Training for Kids

Elementary and Middle School Students
March 2021 Session

Participants receive technical coaching on the four competitive strokes, starts, and turns. Aerobic training is gradually increased once skills have been achieved. Swimmers must be able swim freestyle, backstroke, breaststroke, and have a working knowledge of butterfly. ***This class is not for learning how to swim the four competitive strokes. Go to Burkwood Swim School for information on swim lessons.***

Classes are limited to 35 participants. Registration for non-members opens Monday Feb. 15th.

Coaches: Will Brunner – Burkwood Aquatics Director
Karen Seeber – BSRC Summer Team Head Coach & Atlee High Head Swim Coach
Sarah Burnley-Atlee High Assistant Coach

Practices: Mondays – Thursdays (limited to three practices a week)
You do not need to come the same day(s) every week, but you must choose only one time block: **2:10-3:10pm, 3:20-4:20pm, 4:30-5:30pm, or 5:40-6:40pm**

Pricing: Members: \$35/month (\$30/month for each additional sibling)
Nonmembers: \$95/month (\$90/month for each additional sibling)

This is a month-to-month program. No obligation beyond the one month.

Equipment: Goggles, swim cap (if necessary). Swim caps and goggles can be purchased at the front desk.

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.

Payment is required for registration to be valid.

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Swim Training Time (circle one)*: 2:10-3:10 3:20-4:20 4:30-5:30 5:40-6:40

***Note:** Students may attend any day(s) they prefer (up to 3 days a week) Monday-Thursday, but the time period must stay the same to maintain group sizes for social distancing.

Parent Name: _____ BSRC # (if applicable): _____

Email Address: _____ Phone Number: _____

First Child Name: _____ Age: _____ Summer Swim Team: _____

Second Child Name: _____ Age: _____ How did you hear about our program? _____

Third Child Name: _____ Age: _____ _____

Turn in this form and your payment (make checks out to "BSRC") to the front desk or mail to BSRC at P.O. Box 1537 Mechanicsville, VA 23116.

Members: \$35/month (\$30/month for each additional sibling)

Nonmembers: \$95/month (\$90/month 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 Swim Training for Kids 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: _____