



Spring Swim Clinic

Ages 5 to 18

Member

Spring 2023 Session

The Spring Swim Clinic is a 10-week summer swim team prep program for kids who want to get a head start on the summer swim season. Attention is given to starts, turns, finishes, streamlined body alignment, proper stroke mechanics, and sprint racing strategy. *In order to participate in this program, you must be able to swim 25 yards of both backstroke and freestyle independently. This is not a lesson program. For swim lessons, please refer to the Swim School Registration Form.*

Registration is open to members and non-members.

Payment is required for registration to be valid.

Coaches: Will Brunner—BSRC Aquatics Director
Karen Seeber — BSRC Head Coach & Atlee High School Head Swim Coach
Sarah Burnley — BSRC Assistant Coach & Atlee High School Assistant Coach
College and high school aged instructors as needed

Practices: Sundays from March 5th to May 14th 2023 at the indoor Fitness/Aquatic Center
Choose from three times: 3:00-4:00pm, 4:00-5:00pm, 5:00-6:00pm
701A 702A 703A

**No practice on April 9th for Easter.*

Pricing: Members: \$60.00 (\$5 discount for each additional sibling)
Nonmembers: \$120.00 (\$5 discount for each additional sibling)

How to Sign Up:

Fill out the registration form on page two. Deliver the form and payment (cash, credit, or check) to the front desk of the Fitness/Aquatic Center or mail it to BSRC at P.O. Box 1537 Mechanicsville, VA 23116. Please make checks payable to “BSRC” or “Burkwood Swim & Racquet Club.”

For questions, contact Aquatics Director Will Brunner at 804-730-2472 or

bsrcaquatics@gmail.com.



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Swim Training Time (circle one)*: 3:00-4:00pm 4:00-5:00pm 5:00-6:00 pm

Changing times is not permitted.* **701A 702A 703A

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: _____

Primary Contact during class time: _____ Phone: _____

Secondary Emergency Contact: _____ Phone: _____

Physician name: _____ Phone: _____

List any medical conditions we should be aware of: _____

List any medications currently taking (prescribed or over the counter):

I hereby give my permission that emergency medical treatment be sought for my child when deemed necessary by the coach or authorized adult.

Signature: _____ Date: _____

