

Milford Recreation Department

1 Union Square ~ Milford, NH 03055
Phone (603) 249-0625 ~ Fax (603) 673-2273

Summer 2009

www.milford.nh.gov

Swim Clinic



- WHO:** Participants ages 8 -19 years
WHERE: Keyes Memorial Pool - Elm Street, Milford
WHEN: June 27th & 28th
COST: Residents \$85/per clinic, Non-residents \$90/per clinic

Clinic Choices:

<input type="checkbox"/> 8:30 am - 12:30 pm Freestyle Clinic (Saturday)	<input type="checkbox"/> 11:30 am - 3:30 pm Butterfly Clinic (Saturday)
<input type="checkbox"/> 8:30 am - 12:30 pm Freestyle Clinic (Sunday)	<input type="checkbox"/> 11:30 am - 3:30 pm Breastroke Clinic (Sunday)

TO REGISTER registration is required. Walk-ins are NOT accepted.

Registration deadline is the Monday June 15th. **Space is limited to 45 participants per clinic.** Complete registration form or register in person at the Recreation Dept. or the pool during pool season.

CLASS SIZES ARE LIMITED. Registration is *First Come, First Serve*.

- Complete this Registration Form, with the PARENT or GUARDIAN SIGNATURE if under 18 years of age.
- Payment must accompany Registration Form. Checks are made payable to "Milford Recreation Dept." **RETURN CHECK FEE IS \$25.00.**
- No Refunds once session commences.

Swim Clinic

Milford Keyes Pool is very fortunate to have two great Olympic level swimmers visiting this summer to share their experience and training through four clinic style sessions. Nick Brunelli an all American swimmer has been to the Olympic Trials in 2005 and 2008. Nick's 50 meter free time is 21.99, 50 yard time is 19.58. Erik Vendt participated in this past Olympics; he swam with Michael Phelps in the 400m IM. Both professional swimmers are very knowledgeable about competitive swimming and technique. The clinic will consist of working with the swimmers in the water going over drills, technique and turns. Participants will have time for questions and pictures. There will also be a nutrition portion following the clinic. This will be an informative and fun clinic - don't miss out on this great opportunity!

2009 RECREATION Swim Clinic

One Form per Person

NAME _____ DOB _____ MALE _____ FEMALE _____
 Address, Town, Zip _____ Home Phone _____
 Parent's Name _____ Parent's Work Phone _____
 Family E-Mail: _____
 Emergency Contact Name _____ Relation _____ Phone _____

HEREBY GIVE MY PERMISSION for my son/daughter to participate in the Milford Recreation Dept program. I am aware of the hazards of the activity/sport and the risk of injury in these athletic and active programs. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do hereby waive, release indemnify, and agree to hold harmless the said Town of Milford, its volunteers, staff and all sponsors for all liability for any and all loss or damage, and any claim arising out of injury to my son/daughter or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

IN CASE OF EMERGENCY, I hereby give my permission to the program staff and medical personnel selected by the Recreation Dept and staff, in my absence, to act as my agent to apply simple first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of my child. **IN THE EVENT OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT PARENT/GUARDIAN.**

PLEASE LIST ALL MEDICAL CONCERNS or instructions the staff should know regarding your child's health on the back of this sheet (medications, allergies, behavior concerns, etc.)

Family Insurance Yes _____ No _____ Company Name & Policy _____

SIGNATURE _____ DATE _____
(If under 18 a parent/guardian must sign)

For Office Use Only

Amount \$ _____
Cash ⇔ Check ⇔ _____