

Swim Ontario Fundamentals Swim Clinic



In conjunction with the Ontario Junior International Swim Meet

Who?

Open to 9-12 yr old swimmers with Swim Ontario and have a minimum Provincial C Standard and would like to come to a fantastic swim clinic to work on starts/turns and technical aspects of the strokes.

Eligibility

- Registered swimmers of Swim Ontario
- 100 registrants – maximum 4 swimmers per club, submitted by the club coach
- 9-12 years old
- Minimum Provincial C Standard
- First come first serve basis

Date & Time

Saturday December 5

12:30 – 4:30pm – Check in at 12:30 - Location to be confirmed and emailed to the coaches

Toronto Pan Am Sports Centre – 875 Morningside Ave. Toronto, ON

Camp Highlights

- Instruction from top Ontario Coaches
- Specific work on starts and turns
- Expert stroke correction and feedback
- Swimmers who attend the camp are able to attend Saturday night finals of the Ontario Junior International free of charge if they are wearing their camp shirt

Cost

\$20 per athlete which needs to be paid by the club over the phone via credit card after Swim Ontario has received the camp registration.

Questions?

Contact Lindsay Taylor

lindsay@swimontario.com or 416-426-7464



SWIM CLINIC
December 5, 2015

Swimmer Submission

(to be completed and submitted by club coach via email or fax)

	NAME	AGE
1		
2		
3		
4		

The consent form for each swimmer must accompany the submission form.

Confirmation of the swimmer submission will be sent via email to the coach.

COACH _____

CLUB _____

EMAIL _____



**SWIM CLINIC
December 5, 2015**

CONSENT FORM

(To be completed by parents and submitted by club coach)

I, _____ give permission to my child _____ to participate in a SWIM CLINIC to be held on December 5, 2015 at the Toronto Pan Am Sports Centre, 12:30 to 4:30 pm.

I understand that photographs and videos of this clinic may be taken. These photographs and videos will be used for swim promotion and education purposes by Swimming Canada and Swim Ontario in print, television and web based media.

My child may be photographed, interviewed, or videotaped on this day

Yes ____ No ____

Child's age day of clinic: _____

Child's swim club: _____

Child's coach: _____

Parent Signature: _____

Name *(please print)*: _____

Date: _____
dd/mm/yy

Contact Information

Email: _____

Phone: _____