

# 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 Festival 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 17

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 after Swim Ontario has received the camp registration.

## **Questions?**

**Contact Lindsay Taylor**

[lindsay@swimontario.com](mailto:lindsay@swimontario.com) or 416-426-7464



**SWIM CLINIC**  
**December 7, 2016**

**Swimmer Submission**

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

	<b>NAME</b>	<b>AGE</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		

**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 17, 2016**

**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 17, 2016 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: \_\_\_\_\_