



Millersville University Swimming Swimming Clinic 2013

Intermediate/Advanced Swimming Clinic

About the Program:

Millersville University's Intermediate/Advanced Swimming Clinic is designed for swimmers of all abilities. The clinic is run by Millersville University's head swim coach, Kyle Almoney, along with other Millersville coaches and swimmers who will all share their knowledge of swimming with each and every swimmer.

The clinic will feature both in water and on land demonstration, as well as both individual and group teaching to make sure that each swimmer gets the right amount of attention that they need to achieve success in water.

Each session of the clinic, Coach Almoney and his staff of Millersville coaches and swimmers will work on a specific stroke covering proper stroke technique, starts, turns, and simple racing tips designed to improve your swimmer in the pool.

Date:	Week 1:	Saturday, April 27 Sunday, April 28
	Week 2:	Saturday, May 4 Sunday May 5
Time:	Saturday:	Advanced 9-10 Intermediate 10-11:30
	Sunday:	Advanced 1-2 Intermediate 2-3:30
Location:	Pucillo Natatorium, Millersville University	
Cost:	Advanced Clinic: \$50.00	
	Intermediate Clinic \$70.00	

All swimmers will be broken into groups based on ability for maximum benefit from the clinic. Registration will be taken on a first come first serve basis. For more information, please contact Coach Almoney at 717-872-3872 or you may email him at KAlmoney@millersville.edu

Groups:

Swimmers will be broken into separate sessions to maximize the effectiveness of the clinic. Please see below for a description of the clinic groups:

Advanced Group – Swimmers must able to:

- Swim all 4 strokes legally
- Be able to swim 100's
- Be able to perform all turns legally
- Be able to perform a backstroke start and regular start from blocks

Intermediate Group-Swimmers must able to:

- Basic knowledge of all four strokes
- Swim 50's
- Basic Knowledge of starts and turns

All swimmers attending the clinic will receive the following:

- Tip and Skills sheet of the drills and technique covered at the clinic
- Underwater Filming and Stroke Review with Millersville Coaching staff

Sample Itinerary (subject to change)

Week 1:

Saturday, Butterfly
Sunday, Backstroke

Week 2:

Saturday, Breaststroke
Sunday, Freestyle

Please note the Intermediate/Advanced swimming clinic; swimmers must have prior background in competitive swimming to attend this clinic. This is not a learn to swim clinic, please see our Beginner swim clinic information if you are interested in having your child learn how to swim.

Directions to Pucillo Natatorium:

(For GPS, put in 105 Pucillo Dr. Millersville, PA 17551)

Take Rt. 999 into Millersville and turn left onto George St. at the light by the Millersville Mini Mart. Turn left at the Sugar Bowl sign (Normal Ave.) and go past the stadium and parking garage. Pucillo will be on the left before you go down a hill. The pool is on the far side of the building from the parking lot, next to the softball field.

Medical Waiver

Medical Information: Medical Treatment Authorization: I, being the legal guardians of the above applicant authorize the Swimming Clinic and its staff permission to request medical treatment as necessary to insure the well being of the applicant.

(Signature of Parent/Guardian and date)

Insurance: Coverage for accidental injury is required by all participants. Please complete the health care information below:

Health Insurance Carrier: _____

Policy #: _____

I approve of my child’s attendance at the Swimming Clinic and certify that he or she is in good health and able to participate in the program's activities. I (am/am not) attaching a statement explaining special limitations and required medications. Please indicate if your child suffers from allergies, asthma, diabetes, restricted activities, etc. In further consideration of the Swimming Clinic accepting this application, I hereby agree to save and indemnify and keep harmless the Swimming Clinic, its coaches and staff against all liability, claims, judgments or demands arising as a result of injuries sustained by the applicant during or as a result of any course given the applicant of the Swimming Clinic.

Signature _____

Date _____

Registration – Swimming Clinic

Name _____ Age _____
Home Address _____ DOB _____
City _____ State _____ Zip _____
Phone _____ Email Address _____
Emergency Contact _____ Relationship _____
Contact Number _____ # of years swimming _____

Intermediate/Advanced Clinic

Please mark which group your child is in:

Advance Clinic Registration: \$50.00 per swimmer _____

Intermediate Clinic Registration \$70.00 per swimmer _____

Total Amount _____

Checks made payable to Women's Swimming SSI

Registration can be sent to:

Kyle Almoney
Jefferson Hall
164 West Cottage Ave.
Millersville, PA 17551