

CINCINNATI MARLINS NORTH 2009 SPRING STROKE CLINIC

The Cincinnati Marlins invite you to participate in their annual Spring Stroke Clinic held at Princeton High School Pool.



STROKE CLINIC: Is for swimmers age's 5-12 who want to learn new strokes or improve their stroke technique. The Clinic covers the basics of all four strokes and is taught by Coaches from the Marlins, Princeton High School and other qualified instructors. Swimmers are divided into 2 age groups based on age and ability.

- ✧ **Big Vikes:** Ages 7-12 who can swim a pool length.
- ✧ **Little Vikes:** Ages 5-8 who cannot swim a pool length.

MARK YOUR CALENDARS FOR THE FOLLOWING DATES:



- ✧ Monday thru Thursday for 4 weeks starting April 20th thru May 14th, 2009.
- ✧ At Princeton High School Pool.
- ✧ Big Vikes from 4:45pm - 5:30pm
- ✧ Little Vikes from 5:30pm - 6:00 pm

COST:

\$140.00 Big Vikes

\$115.00 Little Vikes

Sign up in person at PHS pool or go to the Marlins Website www.cincy-marlins.com or call the office at 761-3320.

If you have Questions e-mail Chad Winkle at cwinkle@cincy-marlins.com



**CINCINNATI MARLINS NORTH
2009 SPRING STROKE CLINIC
AT PRINCETON HIGH SCHOOL POOL**

The Cincinnati Marlins invite you to participate in their annual Spring Stroke Clinic

Monday, April 20 through Thursday, May 14

- **Little Vikes:** Ages 5-8, who **cannot** swim a pool length. 5:30-6:00pm Monday thru Thursday
- **Big Vikes:** Ages 7-12, who can swim a pool length. 4:45-5:30pm Monday thru Thursday

There are no try-outs, everyone is welcome to attend. This is a perfect opportunity for swimmers to prepare for their Summer League Swimming.

LITTLE VIKES \$115
BIG VIKES \$140

| SWIMMER'S NAME | Age | SWIM GROUP | PARTICIPANT FEE |
|----------------|-----|------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

TOTAL \$ _____

PARENT /GUARDIAN: _____

ADDRESS: _____

PHONE NUMBER: _____ Cell# _____ Summer Swim Club _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____

MAKE CHECK PAYABLE TO: CINCINNATI MARLINS
MAIL TO: CINCINNATI MARLINS
616 W. NORTH BEND RD
CINCINNATI, OHIO 45224-1424
513-761-3320 or 513-761-SWIM (7946)

For more information contact Chad Winkle at cwinkle@cincy-marlins.com or visit the Marlins web site at www.cincy-marlins.com (Marlins North)

RELEASE OF LIABILITY

I, _____, the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in the Cincinnati Marlins Stroke Clinic program and hereby agrees to indemnify and hold harmless the Cincinnati Marlins, its coaches, officers, directors, agents, and employees against any liability resulting from any injury that may occur to the participant while participating in the Stroke Clinic. The participant also agrees to indemnify the Cincinnati Marlins for any damages incurred arising from any claims, demand, action, or cause of action by the participant.

The participant authorizes any representative of the Cincinnati Marlins to have the participant treated in any medical emergency during their participation in the Stroke Clinic. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of this form any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____
(Parent/Guardian)

Date: _____

Printed Name: _____