

Fall Swim Clinics

What are Swim Clinics?

Clinics are short workouts with an emphasis on stroke technique designed for swimmers age 6-10 who have swim team experience, who want to improve their strokes, who seek professional coaching and who may not be interested in a year-round commitment. Participants will have the opportunity to compete in one Friday swim meet per month, dates TBD. Younger swimmers are encouraged to sign up for in-water instruction while those seeking more frequent training or longer workouts should be assessed for the year-round team AHPASA.

When are Clinics?

Clinics are offered during the Fall and Spring. Each month-long session meets two days per week on Tuesdays and Thursdays from 3:45-4:30pm.

September Dates: 6, 8, 13, 15, 20, 22, 27, 29

October Dates: 4, 6, 11, 13, 18, 20, 25, 27

** Spring Clinics are tentatively scheduled for February and March 2016*

Who teaches the Clinics?

Coach Sarah Cohen is the lead coach for clinics. Year-round coaches, summer coaches and swim lesson instructors team up to teach the clinics.

What equipment do participants need?

Swimmers will need regular items like a racing suit, goggles and swim cap. The only other strongly recommended equipment is swim fins. Each workout will very likely include sets utilizing this training tool.

How to Sign Up

Non-members return the attached form including Credit Card authorization. Members simply confirm via email to caleb@alpinehills.us.

Fee per Session	Member	Non-Member
	Month \$120	Month \$156
	Drop-in \$20	Drop-in \$26

Non-Member Reminder

Non-members may participate in some programs at the Club. The pools and locker room facilities may be used by the program participant only. Participants are expected to arrive shortly before, and depart shortly after, the scheduled program. Non-Member fees are paid by credit card (see authorization form). Non-members may not use other pools or club facilities outside of the program time. Alpine Hills thanks you for your cooperation.

Swim Clinics - Registration Form

Parent/Guardian Name:		
Address:		
Member #:	Primary Phone:	Email:

Swimmer Name	DOB	Special Needs/Allergies

Select Clinic Session(s)
<input type="checkbox"/> September - 6, 8, 13, 15, 20, 22, 27, 29
<input type="checkbox"/> October - 4, 6, 11, 13, 18, 20, 25, 27

Policies

- ❖ Clinics are taught rain or shine.
- ❖ Coaches will use your primary email to communicate schedule changes.
- ❖ Non-members may participate in some programs at the Club. The pools and locker room facilities may be used by the program participant only. Participants are expected to arrive shortly before, and depart shortly after their scheduled program and may not use other pools or club facilities outside of the program time. Non-Member fees are paid by credit card (see authorization form). Alpine Hills thanks you for your cooperation.

Clinic Rates	Member	Non-Member
	Monthly \$120	Monthly \$156
	Drop-in \$20	Drop-in \$26

Payment

- ❖ Member charges will appear on the monthly Alpine Hills statement.
- ❖ Non-Members fees will be billed to authorized credit card.

If the participant is a minor child, the undersigned represents that he or she is the legal guardian of said minor children. As the legal guardian of the above participant I understand that any athletic activities have inherent risks and that these risks are part of the programs. Any and all injuries and costs associated with those injuries will be the sole responsibility of the student's guardian regardless of fault, and by signing below you agree to hold harmless Alpine Hills Tennis and Swimming Club, all teaching professionals and staff associated with our programs.

Parent/Guardian Signature _____

Date _____



Non Member Registration & Credit Card Authorization

Official Use Only:

***Non-members are welcome to participate in *some* programs at Alpine Hills.

In order to participate, the club requires a Credit Card Authorization Form and Email Address on file.

Parent/Guardian Name(s):					
<input checked="" type="checkbox"/> Please Check: <input type="checkbox"/> USTA League <input type="checkbox"/> Adult Tennis Program <input type="checkbox"/> JR. Tennis Program <input type="checkbox"/> Tennis Private Lessons <input type="checkbox"/> Fitness Program <input type="checkbox"/> Personal Training <input type="checkbox"/> Aquatics Program <input type="checkbox"/> Swimming Private Lessons					
Address:			Email: **REQUIRED to receive e-mailed monthly statement**		
City:					
State/Zip:					
Primary Phone:			Cell Phone:		
Participant(s) Name:	Gender	Birth Date	Participant(s) Name:	Gender	Birth Date
Credit Card Authorization					
Credit Card Type: ___ MasterCard ___ Visa			Card Number:		
Cardholder Name:			Expiration Date:		
Complete Billing Address:			Card ID #: (3 digits located on back of Card)		
City:					
State/Zip:					

Policies: Non-member program participants are expected to arrive shortly before, and depart shortly after, the scheduled program. The pools and locker room facilities may be used by the swim participants only. For Private Lessons a 24hr notice is required for cancellations. No-shows and cancellations made with less than 24 hour notice will be charged.

Waiver: If the participant is a minor child, the undersigned represents that he or she is the legal guardian of said minor children. As the legal guardian of the above participant(s) I understand that any athletic activities have inherent risks and that these risks are part of the programs. Any and all injuries and costs associated with those injuries will be the sole responsibility of the student's guardian regardless of fault, and by signing below you agree to hold harmless Alpine Hills Tennis and Swimming Club, all teaching professionals and staff associated with our programs.

Dated: _____ Signature: _____ Print Name: _____

CREDIT CARD POLICIES & AUTHORIZATION:

Alpine Hills will send Electronic Statements to the email address provided on the 2nd day of the month. The Electronic Statements are for your information ONLY. All charges on your Electronic Statement are for participation in programs in the month prior. Alpine Hills will charge the 'Balance Due' amount from your Credit Card on or about the 10th day of the month.

By signing below I am authorizing Alpine Hills Tennis and Swimming Club to charge the total amount for all charges incurred, by any family member, to my credit card provided herein. I understand that to receive a monthly statement of these charges before my card is debited on or about the 10th day of the month, I must provide a current e-mail address. I agree that I will pay for the programs and/or activities in accordance with the issuing bank cardholder agreement.

Dated: _____ Signature: _____ Print Name: _____