

**SWIM TEAM PRE-SEASON
DIVE/TURNS/STROKE CLINIC
MAY 13-16, 2024**

Student's Name: _____ Home Phone _____

Parents' Names: _____ Emergency Phone: _____

Age As Of 6/01/24: _____ E-Mail Address: _____

Clinics will be held Monday through Thursday at the Lochwood Main Pool. The Rain Date is Friday. Times will be as follows:

Age Group	Time	Topics Covered
6&Unders	4:30-5:00 PM	Dives & Stroke Technique
7-10	5:00-6:00 PM	Dives & Stroke Technique
11&Ups	6:00-7:00 PM	Flip Turns & Dives

I understand that by signing this document:

I, the below parent/guardian, do hereby waive and release any claims which I or my family may have against the Lochmere HOA, the Lochmere Swim Team, its agents and employees as the sponsor/promoter of this swim team from any liability for personal injury, property damage, and/or wrongful death arising from my child's participation in any swim team activities that my child engages in with the Lochmere Swim Team. I understand and will review with my child the importance of following safety and instructional directives of the coaches and the staff.

I hereby consent to and authorize Lochmere Swim Team and its sponsor to interview, photograph, film, or videotape us during participation in any Swim Team activities and grant Lochmere HOA the exclusive ownership and right to use and authorize others to use any such interview, photograph, film or videotape of us for publication in books, magazines, pamphlets, or other print media, or in the television, radio, internet computer system or other electronic media.

Date: _____

Signature Of Parent Or Legal Guardian

**THIS FORM AND \$50 REGISTRATION FEE MADE PAYABLE TO
LOCHMERE SWIM TEAM MUST BE SUBMITTED AT TIME OF REGISTRATION**

**Submit To: Gail Lewis, Program Manager,
502 Lochmere Drive (Phone: 919-233-7460) (Email: gail@lochmere.org)**