

Lakewood YMCA

16915 Detroit Avenue
Lakewood, OH 44107
p. 216.521.8400



2010 CLINICS *presented by* Liquid Lifestyles Swimming

Liquid Lifestyles, Inc. • P.O. Box 40268, Bay Village, OH 44140 • info@LiquidLifestyles.com • www.LiquidLifestyles.com

Fellow Swim Enthusiast,

Thank you for registering with Liquid Lifestyles Swimming. Please complete the **Registration / Waiver Form** on the following page and bring it with you to the clinic. Payment can be made online @ www.LiquidLifestyles.com or by sending a check to the address above. The host facility is not responsible for collecting registration forms or payment. We look forward to helping you achieve your swimming goals!

CLINIC DETAILS / COST:

UNDERWATER VIDEOTAPING & STROKE ANALYSIS

Refine your skills! Visual feedback is recognized as one of the most powerful tools for better understanding and learning new skills. Receive immediate feedback and a personalized prescription for improving your technique in this comprehensive, 2-hour, freestyle-stroke overview. You will be taped at various angles from both ABOVE and BELOW the surface. Classroom session will follow using slow-motion and stop-action to effectively examine form, detail individual stroke inefficiencies, and identify prime opportunities for improvement. Individual review will be supplemented with an introduction to understanding the basic concepts of stroke efficiency and proper freestyle technique. *DVD copy of your swim included. (\$85 / \$75*)*

** FRIENDS AND FAMILY DISCOUNT* - Reinforce great swimming habits with a friend!*

CLINIC SCHEDULE: (subject to minor revision)

*** PLEASE ARRIVE 15 MIN EARLY FOR CHECK-IN ***

Sept. 9	UNDERWATER VIDEOTAPING & STROKE ANALYSIS	
	<i>Thursday evening (5:30pm – 7:30pm)</i>	
	Lap Pool	5:30 – 6:00pm
	Classroom	6:00 – 7:30

WHAT TO BRING:

- Swim Suit
- Note Pad & Pen
- Combination Lock
- * Recommend male students wear Speedo-type briefs to reduce drag
- Swim Caps will be provided
- Thermal Rash Guard for extra warmth in pool (optional)
- Goggles (2)
- Personal Towel

*** Self-help books, DVD's, and Finis training gear will be available for purchase – cash or check accepted**

QUESTIONS ?

WORKSHOP COORDINATOR: LEAH NYIKES

Cell: 440.935.1097

Email: Leah@LiquidLifestyles.com

See you at the pool!



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PLEASE BRING COMPLETED FORM TO CLINIC

All information will be kept confidential and is used solely by Liquid Lifestyles, Inc

TO BE COMPLETED BY PARTICIPANT: (PLEASE PRINT CLEARLY)

[Empty text box for name] [Empty text box for date of birth]

PARTICIPANT'S NAME

DATE OF BIRTH

[Empty text box for street] [Empty text box for city/state/zip code]

STREET

CITY / STATE / ZIP CODE

[Empty text box for phone 1] [Empty text box for phone 2] [Empty text box for email address]

PHONE 1

PHONE 2

EMAIL ADDRESS

HOW DID YOU HEAR ABOUT *Liquid Lifestyles, Inc.*? Referred by friend/family Total Immersion Internet
 Other (Please specify): _____

BRIEFLY DESCRIBE YOUR SWIMMING BACKGROUND: _____

WHAT SPECIFIC SWIMMING GOALS ARE YOU HOPING TO ACCOMPLISH IN THE FUTURE?
1. _____
2. _____
3. _____

EMERGENCY CONTACT INFORMATION:

[Empty text box for emergency contact] [Empty text box for relationship]

EMERGENCY CONTACT

RELATIONSHIP

[Empty text box for contact phone 1] [Empty text box for primary care physician] [Empty text box for physician's phone number]

CONTACT PHONE 1

PRIMARY CARE PHYSICIAN

PHYSICIAN'S PHONE NUMBER

[Empty text box for health problems]

PLEASE LIST ANY KNOW HEALTH PROBLEMS, INCLUDING ALL ALLERGIES AND CURRENT MEDICATIONS

RELEASE FORM LIABILITY:

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all risks inherent in competitive swimming including possible permanent disability and death and agree to assume all risks. As a condition of my participation in the Liquid Lifestyles clinics or any program activities thereto, I hereby waive and release Liquid Lifestyles, its officers, agents or employees, host facilities or any individuals supervising the clinic program from any and all rights, claims for losses or damages of any kind, arising directly or indirectly, from my participation including, but not limited to, all claims for injury, loss or damages caused by the negligence whether active or passive in nature.

[Empty text box for date] [Empty text box for participant's name (print)]

DATE

PARTICIPANT'S NAME (PRINT)

[Empty text box for signature]

PARTICIPANT'S SIGNATURE

PARENT / GUARDIAN'S SIGNATURE (if signing for a minor)