



## RESTON AREA STROKE CLINICS SUMMER 2009

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The emphasis of these clinics is on stroke refinement and stroke technique. Prerequisite for each clinic: Swimmers must be legal in the stroke that is being offered for the clinic session they are registering for. In other words, if you would like to sign up for a breaststroke clinic, you need to be legal in breaststroke.

**Who:** Swimmers who are:

- Ages 6-9 will participate in the clinics from 3:00-4:00 PM
- Ages 10 & over will participate in the clinics from 4:00-5:00 PM

You can sign up for as many clinics as you can as long as you are able to swim a legal stroke in that particular stroke; butterfly, breast, back and free.

**What:** 5 weeks of instructions in all four competitive strokes and turns; stroke analysis along with instructions for stroke improvement.

**When:** Starting Tuesday, June 16<sup>th</sup>.

We will offer clinics every Tuesday from 3:00 – 5:00 PM for five weeks.

**Where:** Hunters Woods Pool, 2310 Colts Neck Rd., in Reston, VA 20191

**Why:** To refine competitive swimming and stroke techniques as well as supporting your NVSL practices.

**Cost:** We are charging \$5 per clinic. Space is limited and pre-registration starts now. If you have any questions regarding these clinics, please contact Coach Norm at [nwright@pvfish.org](mailto:nwright@pvfish.org) or (937) 477-4401.

Please complete the attached registration form and send it to the address indicated on the form. Make checks payable to the FISH. It is important to pre-register for the clinics so that we can accommodate your request on a first come first serve basis.

**Please be sure to arrive 15 minutes before the stroke clinic starts!!**

## Pre-Registration Form – Stroke Clinics at Hunter Woods Pool, 2310 Colts Neck Rd., Reston, VA 20191

Send registration to: Norm Wright, 3900 Edmunds St NW #3, Washington, DC 20007 and make the check payable to the FISH. Please indicate which stroke clinics you would like to attend; you must be legal in the stroke that is being offered for the clinic session that you are registering for. Charge per clinic is \$5.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Legal in which strokes: \_\_\_\_\_

Parents contact ph #: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

	Clinics Offered	6 - 9 yrs old 3:00 - 4:00 p.m.	10 & Over 4:00 - 5:00 p.m.
<b><u>Week I</u></b> Freestyle:	Tues, June 16		
<b><u>Week II</u></b> Breaststroke:	Tues, June 23		
<b><u>Week III</u></b> Backstroke:	Tues, June 30		
<b><u>Week IV</u></b> Butterfly:	Tues, July 7		
<b><u>Week V</u></b> I.M. & Turns:	Tues, July 14		