

Ready. Set. Go!

2010 Kansas Spring Clinics

12- & 8-week Sessions/Fees

Session I (36 classes): March 1 – May 31* \$275

Session II (24 classes): April 1 – May 31 \$200

*No classes March 15 – 21

U-Pick 3

Choose 3 practices per week from 6 available:

T/W/Th 5:45 – 7 p.m. @ Shawnee Mission West
Fri 5 – 6:15 p.m. @ Shawnee Mission East
Sat 12 – 1:15 p.m. @ Shawnee Mission South
Sun 3 – 4:15 p.m. @ Shawnee Mission South

BONUS – Two Time Trials!

All clinic swimmers are eligible to participate in two time trial meets to measure individual progress toward summer-season goals.

Professional, Experienced Coaches

Tsunami Swim Team offers one of the country's most premier, year-round swim programs. The Tsunami Advantage Stroke Clinics are led by USA Swimming-certified coaches who have helped numerous athletes become local, state, regional and national champions. Our coaches are former swimmers who provide an environment of fun and excellence so that young athletes can meet their most competitive potential.

Tsunami Swim Team of Kansas City Advantage Stroke Clinics

The Tsunami Swim Team of Kansas City **Advantage** Stroke Clinics provide fun and comprehensive pre-season preparation for all summer-league swimmers. Each of our two, technique-based sessions will focus on developing swimmers' self esteem, skill and fitness levels so that they begin their summer-league programs with greater ability and confidence. Our professional, certified coaching staff provides superior technique training for each of the four competitive strokes – **butterfly, back, breast and freestyle** – and work with swimmers to further hone individual racing skills by improving starts, turns and finishes. Participants have the advantage of up to 8 – 12 weeks of additional training –as many as 36 extra practices!

- All swimmers will be evaluated and placed in skill-appropriate groups and will have the opportunity to participate in up to two time trial meets.
- All ages 6 – 18 welcome.
- This is not a "learn-to-swim" program. Swimmers must be able to swim 25 yards of freestyle nonstop and unassisted.
- To register, visit our website (www.tsunamiswimteamkc.org). Complete the forms and send with your payment to the address provided.
- Space is limited and all spots will be filled first-come, first-served.

For More Information, Contact:

COACHRFC@HOTMAIL.COM

913.515.0660

WWW.TSUNAMISWIMTEAMKC.ORG



Empowering Young People to Be Champions in Life Through Excellence in Swimming

**Tsunami Swim Team of Kansas City
2010 Advantage Stroke Clinics
Registration Form**

PLEASE COMPLETE A SEPARATE FORM FOR EACH SWIMMER. PLEASE PRINT.

Swimmer's Name _____
(Last) (First) (Middle) (Preferred Name)

Birthdate (mm/dd/yy) _____ Age _____ M/F _____

GRADE _____ SCHOOL/SCHOOL DISTRICT _____

SUMMER SWIM TEAM _____

NAME(S) OF OTHER FAMILY MEMBER(S) ALSO ENROLLING IN CLINIC(S) _____

ENROLLING FOR (Please circle the session for which you are enrolling your swimmer)

Session I (March 1 – May 31)

Session II (April 1 – May 31)

PLEASE SELECT THE THREE PRACTICES THAT YOU WILL BE ATTENDING*:

T	5:45 – 7 p.m.	Shawnee Mission West	_____
W	5:45 – 7 p.m.	Shawnee Mission West	_____
Th	5:45 – 7 p.m.	Shawnee Mission West	_____
F	5 – 6:15 p.m.	Shawnee Mission East	_____
Sa	12 – 1:15 p.m.	Shawnee Mission South	_____
Su	3 – 4:15 p.m.	Shawnee Mission South	_____

*Due to limited space, we request that you do not switch practice days and that you select a schedule that you can keep for the duration of the clinic. If circumstances require a change, please contact us as soon as possible at coachrfc@hotmail.com.

TSUNAMI ADVANTAGE STROKE CLINICS – DATES/FEES/REGISTRATION DEADLINES

SESSION I: (March 1 – May 31, 2010/12 weeks)

FEES: \$275

REGISTRATION DEADLINE: All paperwork and payments must be received by **February 22, 2010.**

SESSION II: (April 1 – May 31, 2010/8 weeks)

FEES: \$200

REGISTRATION DEADLINE: All paperwork and payments must be received by **March 25, 2010.**

In the event of illness or injury to above named child while participating in the program and after an attempt has been made to reach the parents or guardian of the child informing them of such illness or injury, the Tsunami Swim Team of Kansas City coach(es) and/or designated representative(s) is/are authorized to contract for and to authorize the treatment by a medical doctor for said child. This release includes practices and Tsunami Swim Team of Kansas City-team sponsored activities in which parents are absent, should a medical emergency arise.

Signature of

Parent/Guardian: _____ Date: _____

PLEASE SEND: 1.) REGISTRATION, 2.) PERSONAL/MEDICAL & 3.) USA INSURANCE FORMS WITH PAYMENT TO:

Tsunami Swim Team of Kansas City
6603 H Royal Street, Suite 300
Pleasant Valley, MO 64068

ALL 3 FORMS & PAYMENT MUST BE RECEIVED BEFORE SWIMMER IS ALLOWED IN THE WATER. THANK YOU.

Tsunami Swim Team of Kansas City
2010 Advantage Stroke Clinics
Personal & Medical Questionnaire

The following questions are limited mostly to major problems we encounter with some frequency. If your swimmer has any other significant medical problems, please list them below under item # 4. If any health problems arise during the Advantage Stroke Clinic, please advise the coaching staff and/or the administrative office immediately.

ATHLETE NAME (LAST, FIRST, MIDDLE INITIAL):

PREFERRED NAME _____ DATE OF BIRTH: _____ M/F _____

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: (____) _____

WORK PHONE: (____) _____ CELL PHONE: (____) _____

BEST FAMILY E-MAIL: _____

BEST FAMILY CELL PHONE FOR EMERGENCY/TEXT MESSAGES _____

FAMILY DOCTOR: _____ PHONE: (____) _____

NAMES OF OTHER FAMILY MEMBERS PARTICIPATING IN THE CLINIC(S) _____

EMERGENCY CONTACT/NUMBER _____

Does the swimmer:

1. Wear glasses? YES _____ NO _____

Have severe impairment without glasses? YES _____ NO _____

Wear contact lenses? YES _____ NO _____

2. Have allergies? YES _____ NO _____

Have asthma? YES _____ NO _____ If so do they use medication(s)?

LIST/DISCUSS: _____

3. Have seizures? YES _____ NO _____

If on medication, what kind? _____

4. Has any physician ever recommended that there be any limitations placed on participation in competitive sports?

Any other medical concerns/problems or health information that would be helpful to share? Please list briefly

5. List routine or occasional medication (s) and their purpose:

6. List any known drug allergies and the reaction:

DATE COMPLETED _____ BY _____



LSC:

REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME

PREFERRED NAME, DATE OF BIRTH, SEX, AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT

FATHER/GUARDIAN LAST NAME, FATHER/GUARDIAN FIRST NAME, MOTHER/GUARDIAN LAST NAME, MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

AREA CODE, TELEPHONE NO., FAMILY/HOUSEHOLD E-MAIL ADDRESS, U.S. CITIZEN?, ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?

- DISABILITY: A. Legally Blind or Visually Impaired, B. Deaf or Hard of Hearing, C. Physical Disability, D. Cognitive Disability

- RACE AND ETHNICITY: Q. Black or African American, R. Asian, S. White, T. Hispanic or Latino, U. American Indian & Alaska Native, V. Some Other Race, W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO: Tsunami Swim Team of Kansas City
MAIL APPLICATION & PAYMENT TO: Tsunami Swim Team of Kansas City, 6603 H Royal Street, Suite 300, Pleasant Valley, MO 64068

REGISTRATION FEE table with columns for Session I (\$275.00) and Session II (\$200.00)

YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2009, ENTER THAT CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings. Check if you would like to learn more about USA Swimming's community initiatives. Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

Swimming Session (Circle One): Session I: March 1 – May 31 Session II: April 1 – May 31