



Make a Splash this Winter!! 2009 Winter Swim/Diving Clinic

- WHEN:** December 21, 22, 28, 29, 2009
- WHERE:** Woodland Hills High School Pool
- WHO:** Open to all K-8 students in the Woodland Hills School District
Space limited so register early!
- WHAT TIME:** 12:00-12:45 or 12:45 – 1:30
Choose the time slot that works best for you
- COST:** FREE to residents of the Woodland Hills School District
- STAFF:** Richard Taylor; Head Coach, WHHS Team
Head Coach, Woodland Hills Aquatic Team
Frank Nelson; Head Diving Coach, WHHS Team
Christina Destro; Assistant Coach, Woodland Hills Aquatic Team
Kara Santelli; Assistant Coach, Woodland Hills Aquatic Team

All swim groups will be divided by experience and ability.

- Group 1 will focus on general water safety and the basics of breathing, kicking, floating and freestyle.
- Group 2 will also focus on general water safety, breathing, kicking, floating and freestyle. Those who are able will have an introduction to the other competitive strokes.
- Group 3 will be instructed in all four competitive strokes, starts and turns and will gain an understanding of what it is to swim on a team.
- Diving participants must be able to swim the width of the pool, be comfortable in deep water (unable to touch bottom , not have a fear of heights).

Advance registration required. Please complete the attached forms and return to Victoria Zido, 185 Penhurst Drive, Pittsburgh, PA 15235.

If you have questions email Victoria at tori@whatswimming.org.



**Woodland Hills 2009 Winter Swim/Diving Clinic
REGISTRATION**

Family Name: _____ Parents' Names: _____

Address: _____ email: _____

Phone (home): _____ (cell): _____ (work): _____

I am registering my child for _____ swimming _____ diving
Diving participants must be able to swim the width of the pool, be comfortable in water over his/her head and not be afraid of heights over 3 feet.

Name (s): _____ Date of Birth: _____ Grade as of 9/1/09 _____

What school (s) does your child attend? _____

What time slot are you registering for? 12:00-12:45 _____ 12:45-1:30 _____

In order to help us assign swimmers to an appropriate group please complete the following for each child being registered:

Swimmer Name: _____	_____	Swimmer Name: _____	_____
_____ has no swim experience	_____ is afraid of the water	_____ has no swim experience	_____ is afraid of the water
_____ has had limited lessons	_____ is able to put face in water	_____ has had limited lessons	_____ is able to put face in water
_____ is comfortable in deep water	_____ can swim the length of the pool	_____ is comfortable in deep water	_____ can swim length of pool
_____ has been on a swim team	_____	_____ has been on a swim team	_____

Medical Information

Name (s): _____ Please list any illness, handicap/allergy _____

Physician: _____ Phone: _____

I/We authorize any representative of Woodland Hills School District or the Woodland Hills Aquatic Team to render assistance and/or emergency (first-aid) medical treatment to said minor children if, in the judgment of said representative, such treatment is required, and do further authorize and permit any representative of Woodland Hills School District or the Woodland Hills Aquatic Team to procure medical treatment and care if circumstances warrant. I/We also agree to pay all costs associated with any such medical care or transportation for the benefit of the participant.

Signature of parent or guardian: _____ Date: _____

Parent or guardian home number: _____ cell: _____

In case of emergency and you cannot be reached, please contact:

Name: _____ Phone: _____

Woodland Hills 2009 Winter Swim/Diving Clinic
Waiver and Release of Liability

In consideration of the acceptance of the above-named minor child/children as participant(s) in the Woodland Hills School District/Woodland Hills Aquatic Team Winter Swim/Diving Clinic (the "Clinic"), I/we, the undersigned parent or guardian, hereby authorize such participation with full recognition and acknowledgement that there are risks inherent in the sports of swimming and diving, including but not limited to, paralyzing injuries and death.

I/We do hereby assume and accept the risks associated with participating in the Clinic and I/We agree to release, acquit, absolve, forever discharge and hold harmless the Woodland Hills School District, the Woodland Hills Aquatic Team and their respective coaches, officers, directors, agents, servants, employees, representatives and volunteers of any of these entities and their heirs and assigns (collectively, the "Indemnified Parties"). I/We further waive, release and discharge any and all claims we have or which may accrue to us against the Indemnified Parties resulting from or in any way related to the Clinic. I/We further agree to indemnify these entities and hold them harmless from any claims arising out of any actions attributable to us. I/We further agree and covenant with the Indemnified Parties that I/We will never sue or bring any legal proceedings against said Indemnified Parties for or on account of injury, damage or loss that I/We may sustain by virtue of or arising out of said minor child's/children's participation in said Clinic. I/We understand that this document may be pleaded as a complete defense to any action or claim so brought, reserving unto we/us only the right to proceed against any other parties involved in said action or claims.

I/We also agree to assist in the compliance with, and enforcement of all district and/or club safety rules during swimming and diving activities whether on school or club properties.

Signature of parent or guardian: _____ Date: _____
Relationship to swimmer: (Mother/Father/Legal Guardian)

Signature of parent or guardian: _____ Date: _____
Relationship to swimmer: (Mother/Father/Legal Guardian)

Participants will be registered on a first come first served basis. All forms should be mailed to Victoria Zido, 185 Penhurst Drive, Pittsburgh, PA 15235. Questions? Email Victoria Zido at tori@whatswimming.org.