

Belmont Recreation Department
2016 Spring Session
Techniques of Competitive Swimming

Your Chance to Swim With the Belmont Dolphins!
Dates: Tuesday and Thursday evenings (10 sessions)

March 15 – April 14

6:20 – 7:50 pm

Place: Belmont High School Pool

Cost: \$70 – Payable to “Parents of Dolphin Swimmers”

The Belmont Recreation Department and the Parents of Dolphin Swimmers are cosponsoring this Techniques of Competitive Swimming Clinic. The program will offer current Dolphins swimmers an opportunity to continue their competitive swimming beyond the normal season, as well allow swimmers without competitive swim team experience to participate in the conditioning and development of competitive swimming techniques used in a typical Dolphin practice. The session will conclude with one swim meet.

Registration runs through noon on Friday February 26, 2016. Enrollment is limited to 42 swimmers. Previous spring clinics have sold out very quickly. In order to be fair to all swimmers, the completed registration forms will be placed in a lottery. Names will be chosen at random immediately after registration is closed on February 26 and those selected will be notified by e-mail or phone on Monday, February 29, 2016.

Return registration form (below) along with payment to: Belmont Recreation, PO Box 56 Belmont, MA 02478. The Belmont Recreation Department in the Homer Building at 19 Moore Street is also open for walk-in service, Mon-Fridays, 8am – 4pm.

New swimmers will need a minimum skill requirement of:

Ages 10 and under: Swim 2 strokes 25 yards with a dive

Ages 11 and older: Swim 3 strokes with a dive

A skill check will be done the first night. New swimmers not meeting the above requirements will be referred to an appropriate Recreation Department swim lesson program.

Note: Participation in this clinic does not assure a space on the Dolphins Swim Team.

Registration Form - Spring Clinic: Techniques of Competitive Swimming.

Tuesdays and Thursdays, 6:20-7:50 pm

March 15 – April 14, 2016

NAME _____ AGE _____ M/F _____

ADDRESS _____ EMail _____

PHONE _____ EMERGENCY _____

PLEASE LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF:

Parent/Guardian

Signature: _____

I hereby give my approval for my child's participation in the Techniques of Competitive Swimming Clinic sponsored by the Belmont Recreation Department and P.O.D.S. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Belmont, the Belmont Recreation Department, Its Directors, Supervisors, Chaperones, participants for any claim arising out of any injury(s) to my child. I have discussed proper behavior with my child. The Recreation Commission has ZERO tolerance for misconduct by a participant or parent while participating in a Recreation program.