SPRING COMPETITIVE STROKE CLINIC – 2020

This spring the MTAG Swim Program will be hosting a competitive stroke clinic for swimmers six to eighteen years of age. The clinic will be conducted by MTAG coaches Dan Graybill, Nikki Macey, and staff. The clinic will run for four weeks, but unlike previous years, will not be occurring over four consecutive weeks. A different competitive stroke will be the focus of each week. Swimmers may sign up for a one-week session or for the entire four weeks. Swimmers will be grouped by grade level. Due to the very low cost of the clinic, no refunds will be issued if a swimmer elects not to continue in the clinic. Additionally, there will be no pro-rated fees for swimmers who have a regular conflict on a particular week night. Swimmers are permitted to attend as often as they choose and are not required to attend every night. The weekly fee applies if a swimmer attends two nights or five nights. NO EXCEPTIONS! Please review the information below for specifics on dates and times. A medical release form is also included at the bottom of the registration form. Checks should be made out to: "MTAGSP". The registration form/medical release and check should be mailed to:

Dan Graybill
163 Valleybrook Drieve
Lancaster, PA 17601

The deadline for sign-up is Friday. April 10th. Please call Dan Graybill at (717) 314-4895 if you have any questions. The spring clinic typically fills up very quickly so please act accordingly.

Please place a check mark next to the session chosen and then make the tabulation.

FREESTYLE CLINIC (Monday, April 13 – Friday, April 17)
_____3:00-4:15 PM (7th-12th Grade) - $35.00
_____3:45-4:45 PM (5th-6th Grade) - $30.00
_____4:30-5:30 PM (1st-4th Grade) - $30.00

There will be no clinic offered during the week of Monday, April 20!! Please note!!

BACKSTROKE CLINIC (Monday, April 27 – Friday, May 1)
_____3:00-4:15 PM (7th-12th Grade) - $35.00
_____3:45-4:45 PM (5th-6th Grade) - $30.00
_____4:30-5:30 PM (1at-4thGrade) - $30.00

BREASTSTROKE CLINIC (Monday, May 4 – Friday, May 8)
_____3:00-4:15 PM (7th-12th Grade) - $35.00
_____3:45-4:45 PM (5th-6th Grade) - $30.00
_____4:30-5:30 PM (1st-4th Grade) - $30.00

BUTTERFLY CLINIC (Monday, May 11 – Friday, May 15)
_____3:00-4:15 PM (7th-12th Grade) - $35.00
_____3:45-4:45 PM (5th-6th Grade) - $30.00
_____4:30-5:30 PM (1st-4th Grade) - $30.00

_____ x $35.00 = _____
# of 7th-12th Grade Sessions total

_____ x $30.00 = _____ **GRAND TOTAL** = _____
# of 5th-6th Grade Sessions total

_____ x $30.00 = _____
# of 1st-4th Grade Sessions total

MEDICAL RELEASE: I understand that the MTAG Swim Program does not carry medical/accident insurance for clinic participants, and I hereby certify that _____, _____, _____ (Swimmer's Names) is/are covered by an insurance policy and that the Manheim Twp. School District nor MTAGSP clinic employees will be held financially responsible for any injuries to the above named swimmer/swimmers. Further, I authorize treatment to be referred to local physicians and medical facilities at my own expense.

Parent's Name _____ Phone _____ E-Mail _____