

Catch the Wave

...with the 2010 WAVE Swimming Spring Clinic



Swimming fast requires great technique. Learning technique requires consistent repetition. WAVE Swimming coaching staff will create the technical foundation necessary for successful competition.

Convenience, flexibility and affordability is what the WAVE clinics offer you.

Three 45 minute sessions per week.

\$40 for the first week and **\$30** for each additional week.

Three different locations.

This is not a “learn to swim” program. In order to participate you must be able to swim 25 yards of freestyle nonstop and unassisted. Clinic registration has limited availability and is on a first come first served basis. Registrations are only accepted with payment by check.

*** Each participant receives a WAVE t-shirt and cap with paid registration ***

Week	Date	Stroke
1	April 12th - April 16th	Freestyle
2	April 19th - April 23rd	Backstroke
3	April 26th - April 30th	Butterfly
4	May 3rd - May 7th	Breaststroke
5	May 10th - May 14th	Starts and Turns

Triangle Aquatics Center 275 Convention Dr, Cary, NC 27511 Tuesday, Wednesday and Thursday 4:15 - 5:00 or 7:00 - 7:45	North Raleigh Christian Academy 7300 Perry Creek Rd, Raleigh, NC 27616 Monday, Tuesday and Thursday 6:00-6:45 or 6:45-7:30	Granite Falls 800 Granite Falls Blvd, Raleigh, NC 2760 Monday, Tuesday, Thursday 4:30 - 5:15
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To register:

1. Fill out one registration form for each swimmer.
2. Mail completed registration form(s) and check to WAVE Swimming, registrations are only accepted with payment by check.
3. A confirmation email will be sent when WAVE receives your check and registration form.

For more information contact:
wavecoaches@newwaveswimteam.org
919-981-0644

WAVE Spring Clinic Registration Form

For Official Use Only: Site: _____ Check # _____ Date Received: ____/____/____ Processing # _____

Last Name: _____ First Name: _____

Age: _____ Date of Birth: (mm/dd/yyyy) ____/____/____

Male: _____ Female: _____ Summer Team: _____

Mother's Name: _____ Father's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email (Please Print): _____

*** Please note that email is our primary source of communication ***

Location (Check One):

____ TAC 4:15-5:00 ____ TAC (7:00-7:45) ____ NRCA (6:00-6:45) ____ NRCA (6:45-7:30) ____ Granite Falls

Weeks Attending (Check All That Apply):

____ **Week 1:** April 12th - April 16th - Freestyle

____ **Week 2:** April 19th - April 23rd - Backstroke

____ **Week 3:** April 26th - April 30th - Butterfly

____ **Week 4:** May 3rd - May 7th - Breaststroke

____ **Week 5:** May 10th - May 14th - Starts and Turns

T-shirt Size (Check One):

____ Youth Medium ____ Youth Large ____ Adult Small ____ Adult Medium ____ Adult Large ____ Adult x-Large

***Please make checks payable to WAVE Swimming ***

Mail To:
WAVE Swimming
ATTN: Spring Clinic
PO Box 18012
Raleigh, 27619