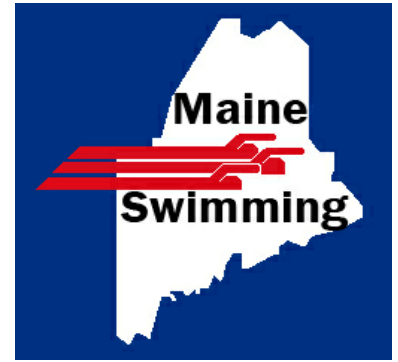


# MAINE SWIMMING PRESENTS MUTUAL OF OMAHA BREAKOUT! SWIM CLINIC HOSTED BY JOSH DAVIS & AARON PEIRSOL



## Josh Davis

3 Gold Medals @ 1996 Atlanta Olympics  
2 Silver Medals/Team Captain @ 2000  
Sydney Olympics  
Former American Record Holder 200 Free

## Aaron Peirsol

Silver Medal @ 2000 Sydney Olympics  
3 Gold Medals @ 2004 Athens Olympics  
2 Gold & Silver Medal @ 2008 Beijing  
Olympics  
World Record Holder 100 Back  
Former World Record Holder 200 Back

October 15, 2011

Come join us at the **Bath YMCA** as **Maine Swimming** hosts **Mutual of Omaha's Breakout Clinic** with **Josh Davis & Aaron Peirsol**. The event is a four hour in-water stroke technique clinic from 12:00-4:00 PM for ages 11 to 18. The cost is \$75 for any registered Maine Swimming Athlete (Full-year). The swimmers will hear inspiring messages from Josh Davis and Aaron Peirsol. Immediately following, they will hit the water with Davis and Peirsol for in-water demonstration and instruction on swim strokes and techniques. Some participants may even have a chance to test their strokes in a race against the Olympic champions. Concluding the event, the swimming champions will be available for autographs and photos.

The clinic will be limited to the first 100 who register. Participants will receive a goodie bag provided by Mutual of Omaha. Each swimmer must be properly registered w/Maine Swimming or USA Swimming with an annual membership.. Please fill out the attached application which includes picture waiver, code of conduct, contact, and insurance info.

Contact: [www.maineswimming.org](http://www.maineswimming.org) for questions or more information.

### SCHEDULE

11:00—Noon	Registration
Noon—4:00pm	Clinic Hosted by Davis & Peirsol
2:00—3:00pm	Parent Education 'What is Maine Swimming?'

Send payment, application & waiver forms (checks payable to Maine Swimming)  
Jim Willis  
4 Shannon Rd. Unit B  
Bar Harbor, ME 04609  
Email: [generalchair@maineswimming.org](mailto:generalchair@maineswimming.org)

**2011 MAINE SWIMMING, INC.  
MUTUAL OF OMAHA BREAKOUT! SWIM CLINIC  
W/JOSH DAVIS & AARON PEIRSOL**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Athlete Name: \_\_\_\_\_

Club/Team: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone: (\_\_\_\_) \_\_\_\_\_ Athlete Age \_\_\_\_\_

E-Mail: \_\_\_\_\_

**T-Shirt Size (circle one) Youth Large Small Medium Large X-Large**

**Waiver For Photographs**

My signature below grants Maine Swimming, Inc. permission to use my child's photograph, image or likeness on the Maine Swimming, Inc. Website.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Application Fee: \$75.00 Please make checks payable to:**

**Maine Swimming, Inc.**

Send: Application, Code of Conduct, Waiver for Photographs, Emergency Contract Form and Fee to: Jim Willis, 4 Shannon Rd. Unit B, Bar Harbor, ME 04609

For MSI Use Only Application and Code of Conduct/Medical Form Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Paid by Check Number \_\_\_\_\_ Note \_\_\_\_\_

# MUTUAL OF OMAHA BREAKOUT! SWIM CLINIC CODE OF CONDUCT

All Maine Swimming, Inc. (Swimmers and Coaches) are required to adhere to the Following Code of Conduct:

1. Team attire must be worn while on deck and during all activities.
2. Attendance at all clinic activities is mandatory.
3. Theft of any type is prohibited
4. PROHIBITED are possessions or use of alcoholic beverages, tobacco and illegal drugs.
5. Inappropriate or destructive behavior is prohibited and will not be tolerated.
6. Disrespect, including sexual harassment or the appearance of sexual harassment, towards any participant, including swimmers, coaches and other staff, of the camp/meet is strictly prohibited and will not be tolerated.

THE ABOVE CODE OF CONDUCT WILL BE IN EFFECT FROM THE START OF THE CLINIC UNTIL RELEASE AT THE END OF THE CLINIC.

## VIOLATIONS OF ANY OF THE ABOVE WILL RESULT IN THE FOLLOWING:

- Immediate dismissal from the clinic
- Further disciplinary action from the Board of Directors/Executive Committee of Maine Swimming, Inc..

I have read and understand the above code of conduct, and I agree to abide by the above code of conduct while a participant in the Mutual of Omaha Breakout! Swim Clinic.

ATHLETE'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION FOR EMERGENCY TREATMENT

I HEREBY GIVE PERMISSION TO THE STAFF MEMBERS OF THE MUTUAL OF OMAHA BREAKOUT! SWIM CLINIC TO SIGN FOR EMERGENCY MEDICAL TREATMENT FOR MY SON/DAUGHTER, IN THE EVENT THAT I CANNOT BE REACHED AT THE TIME OF THE EMERGENCY.

ATHLETE'S NAME: \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

EMERGENCY TELEPHONE NOS. \_\_\_\_\_

## INSURANCE INFORMATION

Carrier Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

ID # \_\_\_\_\_ Group No.: \_\_\_\_\_