

# 2020 SUNDAY STROKE CLINICS

EAST COAST AQUATIC CENTER

5905 Portsmouth Blvd

Portsmouth, VA 23701

## OVERVIEW

East Coast Aquatic Team is pleased to announce this year's **Sunday Stroke Clinics**. This clinic is 8 one hour sessions. This program is a great opportunity to have your swimmers work with some experienced Coaches learning technique and timing of all 4 strokes, starts, turns and finishes. The training, drills and kick sets will be geared to gaining strength and speed while maintaining proper stroke technique and are the same drills used by East Coast Aquatic

Team. This clinic is for 6 and older swimmers that can swim multiple lengths of the pool unassisted. All coaching is done in water in a fun filled environment. Swimmers will be broken up by ages and abilities within the time slot.

The winter clinic emphasis will be technique and core development. The spring clinic emphasis will be technique and reaction time training. A fantastic combo that will help get the swimmers ready for their summer league teams.

## CLINIC SESSIONS

Winter - \$100

Start: January 5<sup>th</sup>

End: February 23<sup>rd</sup>

\_\_\_ 2:00 – 10 & Under

\_\_\_ 3:00 – 11 and Ups

Spring - \$100

Start: March 22<sup>nd</sup>

End: May 17<sup>th</sup>

\_\_\_ 2:00 – 10 & Under

\_\_\_ 3:00 – 11 and Ups



Questions Contact Art Anthony – [CoachArt.ECAT@gmail.com](mailto:CoachArt.ECAT@gmail.com) – 757-450-2152 Cell

# 2020 SUNDAY STROKE CLINICS

## REGISTRATION FORM

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Last Name	First Name (Swimmer)	Age
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Contact Cell Phone	Email address
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Summer League Team

**Clinic Sessions: Check one or both. Each session is \$100.**

Winter (January 5<sup>th</sup> to February 23<sup>rd</sup>)

2:00 – 10 & Under

3:00 – 11 and Ups

Spring (March 22<sup>nd</sup> to May 17<sup>th</sup> – off on April 12 Easter)

2:00 – 10 & Under

3:00 – 11 and Ups

Please contact Coach Art at the number below if you have any questions. **Please mail this form and check payable to ECAT to reserve your slot. Mailing address: ECAT, 857 Shoal Creek Trl, Chesapeake, VA 23320. Thank you!**

I agree to pay the applicable program fee for the program selected. I acknowledge that fees are NOT refundable. I agree to abide by all facility and program rules and regulations.

I represent that I have NO life-threatening conditions. I know that swimming & water activities, like all forms of exercise, involve a degree of risk. By participating in the program, I accept all risks associated with the use of the facility and participation in the program. If the participant is a minor, I accept the risk on his or her behalf as his or her parents or guardian.

I hereby release East Coast Aquatic Center and East Coast Aquatic Team, its employees, officers, directors, members, and independent contractors from any and all damages for personal injury arising in any way from use of the facility or participation in the program, and I agree to look solely to my insurance to pay damages I suffer. If the participant is a minor, I execute this release on behalf of said minor as his or her parent or guardian.

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Parent/Guardian name	Today's Date	Signature
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