2021-2022 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 fall clinic will primarily work on developing strokes and timing. The winter clinic emphasis will be technique and muscle 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

Fall Clinic - Price \$100

Technique and Timing

Start: September 26th

End: November 14th

2:00 - 10 & Under

___ 3:00 – 11 and Ups

Winter Clinic - Price \$100

Technique and Muscle Development

Start: January 9th

End: February 27th

2:00 - 10 & Under

___ 3:00 - 11 and Ups

Spring Clinic - Price \$100

Technique and Reaction Time

Start: March 20st

End: May 15th

___ 2:00 - 10 & Under

___ 3:00 - 11 and Ups

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REGISTRATION FORM

Last Name	First Name (Swimmer)	Age
Contact Cell Phone	Email ac	ddress
	Summer League Team	
Clinic Sessions: Ch	eck one or both. Each session is	\$100.
Fall (September 2	26th to November 14th)	
2:00 - 10 & Und	er	
3:00 - 11 and Up	os	
Winter (January	9 th to February 27 th)	
2:00 - 10 & Und	er	
3:00 - 11 and Up	os	
Spring (March 20	$^{ m th}$ to May $15^{ m th}$ – off on April 4 Easter	r)
2:00 - 10 & Und	er	
3:00 - 11 and Up	os	
Please contact Coach	Art at the number below if you have	e any questions. Please mail
this form and check p	ayable to ECAT to reserve your slo	ot. Mailing address: ECAT, 857
Shoal Creek Trl, Ches	apeake, VA 23320. Thank you!	
I agree to pay the applica refundable. I agree to abide	ble program fee for the program selected. I a by all facility and program rules and regulat	acknowledge that fees are NOT ions.
I represent that I have NO	life-threatening conditions. I know that sw	rimming & water activities, like all forms
	of risk. By participating in the program, I ac	
the facility and participation his or her parents or guardia	in the program. If the participant is a minorun.	r, I accept the risk on his or her behalf as
I hereby release East Coa	st Aquatic Center and East Coast Aquatic Te	eam, its employees, officers, directors,
members, and independent of	contractors from any and all damages for per	rsonal injury arising in any way from use

Parent/Guardian name Today's Date Signature

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.