

GOUCHER COLLEGE SWIM CLINIC

Clinic Philosophy

The Goucher swim clinic stresses proper stroke development and refinement for swimmers ages 6-17. Emphasis is placed on developing and refining the necessary motor skills for each stroke through the latest drills and coaching techniques. Swimmers will be grouped according to ability for each session.

Aquatic Center

The Eline von Borries Aquatic Center opened its doors in 1967 and now serves the Goucher College faculty/staff, students, alumni, and Baltimore community. The pool measures 25 yards and has 6 lanes.

Levels

Swimmer 1 (S1)

- 6-9 years of age
- Must be able to complete 1 length of pool
- Have basic understanding of at least 2 competitive strokes

Advanced Swimmer (AS)

- 10 years or older
- Age-group swimmers with background in all 4 competitive strokes
- Open for all competitive swimmers

Schedule SUNDAYS 3-4pm

Dates: Session 1 *September 9- October 7*
 Session 2 *October 21- November 18*
 Session 3 *January 13- February 10*
 Session 4 *March 24- April 28*

NO CLINIC APRIL 21ST

General Information

- 10:1 Swimmer to Coach Ratio
- 6 Lanes available for training
- 1 hour of instructional/technical analysis per day

- Special Topics (dryland training, diet and nutrition, mental preparation, race strategies, motivation/goal setting, and understanding workouts)

Coaching

- **Thomas Till:** Goucher College Head Men's and Women's Swim Coach
- **Kaleb Wylie:** Goucher College Assistant Coach

Additional coaching will be provided by members of the Goucher College Swim Team

Location

The Goucher College is located on 298 wooded acres in suburban northern Baltimore.

- Baltimore Beltway (I-695) toward Towson
- Exit 27A, Dulaney Valley Road south
- Goucher College is first left, about one block from the Beltway exit
- Enter campus and follow signs to Sports & Recreation Center
- Follow the path downhill to 4 cargo style doors- this is the pools main entrance

Fee Structure

Payable to:

Goucher Aquatics

Levels (AS) & (S1)

Individual \$70.00/ swimmer/session
 Combo 2 or more \$65.00/ swimmer/session
 *Team Rate 5 or more \$60.00/ swimmer/session

*** YOU MUST HAVE ALL 5 REGISTRATIONS TOGETHER IN ORDER TO RECEIVE THE TEAM RATE.**

Please send payment to:

**Office of the Aquatic Center
 Goucher College
 1021 Dulaney Valley Rd.
 Baltimore, MD 21204**

Registration Form

Parents Name _____

Participants Name _____ Age _____

Address _____

City _____ State _____

Zip Code _____ Level _____ Session _____

Team Name: _____
(MUST HAVE ALL 5 REGISTRATIONS TO RECEIVE TEAM RATE)

Phone _____

The **registration deadline** is:
1 WEEK PRIOR TO THE START OF EACH SESSION.
 Registrations must be received and paid in full by the above deadline. **A \$5 LATE FEE WILL BE APPLIED TO ALL REGISTRATIONS RECEIVED AFTER THE DEADLINE!**
 Registrations will be accepted in person or by mail. **PHONE-IN AND DAY-OF REGISTRATIONS WILL NOT BE ACCEPTED.** Registration is on a first-come, first-served basis. A waiting list will be developed for interested applicants who do not make the original roster. *No confirmation of registration will be given. You will be contacted if you are not accepted in the session.*
Payment will be accepted by check or money order only. There are NO REFUNDS.
EACH PARTICIPANT WILL BE REQUIRED TO SIGN A RELEASE AND WAIVER OF LIABILITY FORM AS A CONDITION OF PARTICIPATING IN THE SWIM CLINIC.
 For additional information about this or any other Aquatic Center programs, please contact Thomas Till at (410) 337-6388.

GOUCHER AQUATIC CENTER PARTICIPANT RELEASE, WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for receiving permission for my child, who is under the age of 18 (hereinafter "Participant") to participate in the aquatics program at Goucher College and use the Goucher aquatics facility, I acknowledge and agree to the following on my own behalf and on behalf of Participant:
 I have been informed and understand that certain risks may be involved in any swimming program. These risks include musculoskeletal pain, soreness, spinal injuries and cardiopulmonary signs (e.g., elevated heart rate, labored breathing, light-headedness). I understand that swimming and aquatic related activities are responsible for approximately 7,000 deaths annually. ****Continued on back and Signature Required.**

Permanent paralysis, brain damage, disabling injuries and/or death can and have resulted from participation in aquatic related activities. **I understand these risks and declare Participant to be physically sound and/or to have medical approval from a physician to participate in the aquatics program.** In addition, I agree to the following:

1. **I RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** Goucher College, its Board of Trustees, officers, servants, agents, employees, representatives, volunteers, successors and assigns (hereinafter "Releasees") from any and all liability, claims, demands, actions, lawsuits, causes of action and/or judgments whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant, or to any property belonging to Participant, while engaging in Goucher's aquatics programs or using Goucher's aquatics facilities, or while in, or upon the premises where the activities are being conducted, **REGARDLESS WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES** or otherwise and regardless whether such liability arises in tort, contract, strict liability, or otherwise.
2. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES** from any loss, liability, damage, or costs, including court costs and attorneys' fees, that they may incur due to Participant's participation in said activities, **WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES** or otherwise.
3. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of Participant's family and spouse, if I am alive, and Participant's heirs, assigns and personal representative, if Participant is deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE** the above-named Releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Maryland and that if any part of this release is determined to be illegal, unenforceable or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THE FOREGOING WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT; understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements apart from the foregoing written agreement have been made; I am at least eighteen (18) years of age and fully competent; **and I execute this Release on my behalf and on behalf of Participant for full, adequate and complete consideration fully intending to be bound by same.**

**THIS IS A RELEASE OF LEGAL RIGHTS
READ AND UNDERSTAND BEFORE SIGNING**

Participant (print name) _____
Participant (signature) _____
Parent or guardian (print name) _____
Parent or guardian signature _____

Date: _____



Office of the Aquatic Center
1021 Dulaney Valley Road
Baltimore, MD 21204
Attn: Thomas L. Till



SWIM CLINIC

2018-2019