REGISTRATION FORM
Swim Clinic for Swimmers with Disabilities

Saturday, April 2, 2011 ★ 2:00-5:00 pm ★ Wave House Athletic Club, San Diego, CA

SWIMMER INFO:

Your Name: _____

Your Age: _____ Your Disability: _____

Are you an athlete member of USA Swimming (not a requirement): [ ] Yes [ ] No

Do you belong to a swimming team: [ ] Yes [ ] No

If yes, name of club: _____

If yes, who is your coach: _____

If yes, coach's phone number and email address: _____

Which strokes can you swim: [ ] Freestyle [ ] Backstroke [ ] Breaststroke [ ] Butterfly

How many times have you competed in a swim meet: [ ] 0 [ ] 1,2,3, or 4 [ ] 5 or more

How did you hear about this clinic? [ ] my coach [ ] other _____

PARENT/GUARDIAN INFO:

Your Parents'/Guardians' Names: _____

Street Address:_____

City, State, and Zip Code:_____

Email Address: _____

Phone Number(s): _____

Emergency Contact and Phone Number: _____

AGREEMENT:

- I understand that participants in this swim clinic will be photographed and video recorded. Swimmers may be asked to answer questions such as why do you swim or what advice do you have for swim coaches.
- I understand that the photographs, video records, and answers to questions may be included in a video production (webinar) designed to educate coaches about including swimmers with disabilities. These materials may also be used in non-commercial publications and web sites by USA Swimming and the Challenged Athletes Foundation to promote the sport of swimming.
- I understand that the swimmers' parents or their coaches may observe (but not participate in) all aspects of the clinic, including photographs and video recordings, and that their objections to the use of any particular image, offered at the time the image is recorded, will be honored.

Parent Signature: _____ Date: _____

Swimmer Signature:_____ Date: _____

SUBMIT REGISTRATION FORM:

Please send this completed form to Donald Watkinds, Clinic Director, on or before Thursday, March 24, 2011.

Donald Watkinds
c/o San Diego-Imperial Swimming
1511 Morena Blvd
San Diego, CA 92110

(619) 980-3278 Cell Phone - Donald Watkinds
(619) 275-1292 Phone - San Diego-Imperial Swimming
(619) 275-6542 Fax - San Diego-Imperial Swimming
office@si-swimming.org

You will be notified about acceptance via phone or email before Wednesday, March 30, 2011. Please contact Donald Watkinds if you have questions.