

Bill Boomer's Human / Water Activity Clinic

Hosted by the Middlebury Muffintops

Middlebury College Natatorium

Middlebury, Vermont

June 24 & 25, 2010

Maximum of 40 participants

\$100.00 per person - includes all 4 sessions

Clinic description:

Session I, Thursday, 1 – 4 PM, Classroom and Pool

- Our historical human nervous systems
- Primal aquatic acceptance
- Aquatic breathing issues
- Pool experiences

Session II, Thursday, 7 – 8:30 PM, Classroom

- Preparing for competition
- Event planning
- Post race considerations

Session III, Friday, 9 – 11 AM, Pool

- Start and turn moments
- Subsurface body harmonics

Session IV, Friday, 1 – 5 PM, Pool Deck

- Stroke clinics, 45 minutes each, starting on the hour
- Small groups, 10-12 people, poolside
- choose one stroke - Free, Back, Fly or Breast

Registration:

Name: _____

Email: _____

Address: _____

Phone: _____

Mail full payment (payable to Middlebury Muffintops),
signed registration form and participant questionnaire to:

Middlebury Muffintops

321 N. Bingham St.

Cornwall, VT 05753

Registration is first-come first-served (receipt of full payment).
No refunds for cancellations after 5.24.10.

Clinic and LCM Meet information:

lcmchamps@middleburymuffintops.org

RELEASE: I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all of the risks inherent in Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, THE PRESIDENT AND FELLOWS OF MIDDLEBURY COLLEGE, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition I agree to abide by and be governed by the rules of USMS.

SIGNATURE: _____

DATE: _____

