



## Virginia Hills Tidal Wave Swim Program

Lee District RECenter  
Telegraph Road and Rose Hill Drive  
Sundays, 6:00 – 7:00 pm  
September 7, 2008 – May 17, 2009  
**29 Swim sessions**

**Developmental starts, strokes,  
turns and finishes techniques**  
\$180 each for first and second swimmers  
\$130 for each additional swimmer

Training will focus on Virginia Hills Tidal Wave swim team needs and specific needs of each swimmer. Any Virginia Hills pool member in good standing ages 4 through 18 who can swim 15 yards unassisted using any method is eligible. Swimmers do not need to know the strokes. New swimmers are welcome!

These will be on-task sessions. We will schedule social activities after some practices, but participants are expected to swim and learn during practice. Our new winter swim coach, Katie McWilliams, swam varsity at UVA and has been the Head Coach in an NVSL-like summer league in Illinois. A teacher in Fairfax County, she's poised to help Tidal Wave swimmers improve their strokes and keep practice moving. Sign up and help your kids bridge the gap of the off-season and get ahead of the next summer swim season. Winter Swim with instructive coaching is an excellent value at about \$6/session. Lee District ReCenter admission alone would be \$5.50!

**Practices will NOT be held on the following dates:**  
**October 12, November 30, December 21, December 28, January 18,**  
**February 15, April 5, April 12**

For more information, contact Sarah Kolo at telephone: (703) 960-3154 or e-mail: kolo@cox.net

Complete the registration form (next page) and  
submit payment to:  
Virginia Hills Tidal Wave  
c/o Sarah Kolo  
6270 Gentle Lane  
Alexandria, VA 22310

# Virginia Hills Tidal Wave Swim Program

## Registration Form

Name of swimmer(s)	Birth date(s)	Fee
		\$180 each for first two swimmers; \$130 for each additional swimmer
<b>TOTAL:</b> (make payable to Virginia Hills Club)		

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent(s) / Guardian(s):

Name \_\_\_\_\_ Phone (W): \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address (please print clearly):

\_\_\_\_\_ @ \_\_\_\_\_

Name \_\_\_\_\_ Phone (W): \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address (please print clearly):

\_\_\_\_\_ @ \_\_\_\_\_

Consent:

In consideration of my child(ren)'s acceptance for training, I waive, release and forever discharge all rights and claims for damages which may be sustained and suffered by my child(ren) in connection with training.

**Parent/Guardian Signature**

**Date**

\_\_\_\_\_

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