



## Virginia Hills Tidal Wave Swim Program

Lee District RECenter  
Telegraph Road and Rose Hill Drive  
Sundays, 6:00 – 7:00 pm  
September 17, 2006 – May 20, 2007  
**31 Swim sessions**

**Developmental starts, strokes,  
turns and finishes techniques**

\$175 each for first two swimmers

\$125 for each additional swimmer

Training will focus on specific Virginia Hills Tidal Wave swim team needs while working on the specific needs of each swimmer. Any Virginia Hills pool members in good standing ages 4 through 18 who can swim 15 yards unassisted using any method are eligible. The swimmers do not need to know the strokes.

Help your kids bridge the gap of the off-season and get ahead of the next summer swim season.

**Practices will NOT be held on the following dates:**

**October 15, November 26, December 24, January 31, April 8**

**Volunteer Opportunity:** High school swimmers interested in volunteer assistant coaching can sign up for a session(s). This is a good way to see if they would like to pursue assistant coaching as well as meet some high school volunteer requirements.

For more information, contact Kristy Long at telephone: (703) 329-9578 or e-mail: [longk@mail.nih.gov](mailto:longk@mail.nih.gov)

Complete the registration form (next page) and  
submit payment by August 23, 2006 to:

Virginia Hills Tidal Wave  
c/o Kristy Long  
4103 Ronson Drive  
Alexandria, VA 22310

## Virginia Hills Tidal Wave Swim Program Registration Form

Name of swimmer(s)	Birth date(s)

Name of Parent(s) / Guardian(s):

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Phone (H): \_\_\_\_\_ Cell: \_\_\_\_\_

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

E-mail address (please print clearly):

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

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

Fees: \$175 each for first two swimmers; \$125 for each additional swimmer.

Amount paid: \_\_\_\_\_

Check Number: \_\_\_\_\_ (make payable to Virginia Hills Club)

Parental 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.

Guardian/Parent Signature

Date

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