



## Virginia Hills Tidal Wave 2009-10 Winter Swim Program

Lee District RECenter  
Telegraph Road and Rose Hill Drive  
Sundays, 6:00 – 7:00 pm  
September 20, 2009 – May 23, 2010  
30 Swim dates: 12 fall; 18 winter/spring

**Developmental starts, strokes,  
turns and finish techniques**  
**See page 2 for fees**

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!

This year we will offer two sessions; fall and winter/spring. Sign up for either or both. Fall will focus on specialized instruction in stroke development for newer swimmers in particular, and stroke refinement for experienced swimmers.

We will have two head coaches this year because we have merged off-season programs with Lorton Station. Our head coach, Katie Gilmore, swam varsity at UVA and helped many Tidal Wave swimmers drop time in the summer '09 season. She will be joined by Drew Killian, head coach of Lorton Station, who swam for Virginia Tech and has been a Masters coach as well. Our assistant coach will be Jan Inguagiato, TW parent and former TW swimmer and record holder.

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

**November 8, November 29, December 27, January 3, February 21,  
April 4**

For more information, contact Sarah Kolo at telephone: (703) 960-3154 or e-mail: [kolosarah@gmail.com](mailto:kolosarah@gmail.com)

Complete the registration form (next page) and bring payment to practice.

# Virginia Hills Tidal Wave Swim Program

## Registration Form

Name of swimmer(s)	Birth date(s)	Fee
		<b>Full year:</b> \$180 each for first 2 swimmers; \$130 for each additional <b>Fall (12 dates):</b> \$70 each <b>Winter/Spr (18 dates):</b> \$110 each
<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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