

# Medical Form

Next of kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Numbers: (during swim school)

Home: \_\_\_\_\_ Emergency: \_\_\_\_\_

Name of GP: \_\_\_\_\_ Tel: \_\_\_\_\_

Illnesses/ Injuries: Does your child have ongoing illness or injuries?  
eg Asthma, Eczema, Epilepsy, Faints, Heart Conditions, Joint problems, or  
Allergies - Please give details

\_\_\_\_\_

\_\_\_\_\_

Medication: Please list inhalers, antibiotics or any regular medication

\_\_\_\_\_

\_\_\_\_\_

Immunisations: Tetanus/Polio \_\_\_\_\_ Date: \_\_\_\_\_

## DIETARY REQUIREMENTS

Vegetarian: Yes / No (Please delete as applicable)

Other dietary requirements: \_\_\_\_\_

\_\_\_\_\_

In my opinion, my child is fit and able to take part in the swim school activities. I give my consent to the use of over the counter products if necessary eg; paracetamol, strepsils, antihistamine or simple cough linctus. These to be administered by Matrons or First Aiders. I understand in an emergency every effort will be made to obtain consent for treatment/operation or anaesthetic, but if this proves impossible, I authorise the Head Coach/Camp Nurse to act in loco-parentis.

Signed: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

# Swim Technique Schools 2011

## Easter 10th- 6th April Summer 21st-27th August



Improve your competitive swimming performance by building on your technique & improving your training approach



This course is led by Archie Brew, International Swim Coach and assisted by coaches from the Kelly Swimming Team



For children aged 10 to 16



Summer Swim School 2010

[www.kellyswimmingpool.com](http://www.kellyswimmingpool.com)

## Aims and Objectives

The aim of this course is to provide an opportunity for young swimmers to participate in tried and tested training methods and techniques necessary for competitive swimming. Our methods have produced over eighty Great Britain Senior International swimmers and medalists in the Olympic Games and European Championships.

All aspects of training are included, from special skills in individual strokes and land training consisting of cardiovascular circuits and isokinetics. Lectures include topics such as land training and race preparation. The physical and psychological demands are emphasized with a view to highlighting the stresses facing competitive swimmers, in particular, ensuring that training is productive and enjoyable for all, irrespective of age or ability.

## Course Details

The course will be divided into colour groups according to age, experience and training. Activities are generally carried out within these groups. Colour teams form the basis of all competitions taking place during the course, culminating in a Swimming Gala at 9am on the Saturday. Gym activities will include: running, circuits and an introduction to weight training.

**All applicants must be able to swim 400m comfortably**

## Equipment and what to wear

A comprehensive kit list, arrival and departure details and information about the Swimming Gala, will be sent with the acknowledgement letter.

**Course cost includes:** accommodation, 3 meals per day, coaching and all facilities

<b>Easter</b>	<b>10th - 16th April</b>	<b>£310.00</b>
<b>Summer</b>	<b>21st - 27th August</b>	<b>£330.00</b>

**A non-refundable deposit of £100 per course, will secure a place**

## To register:

Please complete the booking form opposite and the medical details on the reverse, then return with cheque to Kelly Enterprises Ltd.

## Cancellation Policy

Up to 2 months prior to start	100% of balance returned
Up to 1 months prior to start	50% of balance returned

## Swim Technique School – Application Form

Easter 10th - 16th April  Summer 21st - 27th August

Child's Name: \_\_\_\_\_

Age: \_\_ DOB: \_\_\_\_\_ Weight : \_\_\_\_\_ Height : \_\_\_\_\_ Male/Female

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

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

**Accommodation:** Whilst we cannot promise to satisfy all requests, please indicate who you would like to share accommodation with.

**Any amendments must be notified one month prior to start date.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F

Member of \_\_\_\_\_ Swimming Club

## Personal Best Times

(this information is useful to organise groups according to ability)

100 Metres Front Crawl \_\_\_\_\_ Hours swim training per week \_\_\_\_\_

I believe that the information given is correct to the best of my knowledge.

## Please tick:

- I enclose a cheque for £100 per course payable to Kelly Enterprises Ltd
- I have completed the medical form overleaf

## Please return to:

Kelly Enterprises, Kelly College, Tavistock, Devon PL19 OHY

**Telephone: 01822 616235**