

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: _____

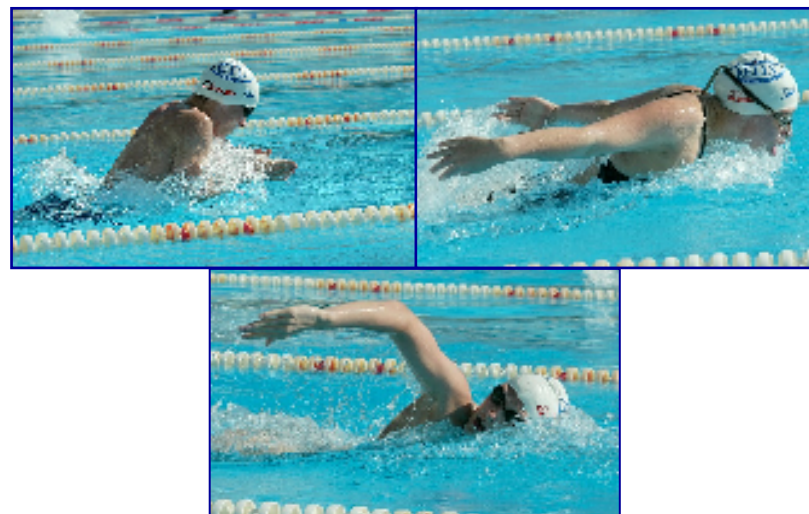
Swim Technique Schools 2010

For children aged 10 to 16

Easter 4th -10th April

Summer 22nd - 28th August

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



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

Kelly Enterprises Ltd
Kelly College
Tavistock
Devon PL19 0HY
01822 616235



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, weight training 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; coaching, 3 meals per day accommodation, and all facilities

Easter	4th - 10th April	£310.00
Summer	22nd - 28th August	£330.00

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 4th - 10th April Summer 22nd - 28th August

Please tick which swim school you would like to register for

First Name: _____

Surname: _____

Age: __ DOB: _____ Weight : _____ Height : _____ Male/Female

Address: _____

_____ Postcode: _____

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 .

Signed _____ Date _____

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