

# Terry Kominski's Competitive Swim Clinic

## 2008 - 2009 Clinic Dates

<b>Session 1*</b>	<b>Session 2**</b>	<b>Session 3*</b>
September 15, 2008 To November 26, 2008	December 1, 2008 To February 26, 2009	March 2, 2009 To May 14, 2009

\*Each session is planned to have approximately ten weeks of practices.

\*\* There are extra days worked into each session to accommodate for weather, some Holidays, and other conflicts that may arise.

Advanced notice will be given, whenever possible, for days when there will not be practice.

<b>Age Groups</b>	<b>Practice Days</b>	<b>Times</b>
8 & under	Monday & Wednesday Tuesday & Thursday	4:15pm - 5:00pm 5:45pm - 6:30pm
9 - 10	Tuesday Wednesday & Thursday	4:15pm - 5:00pm 5:00pm - 5:45pm
11 - 12	Monday & Wednesday	5:45pm - 6:30pm
11 & older	Thursday	4:15pm - 5:00pm
13 & older	Monday Monday Tuesday Wednesday	3:30 pm - 4:15pm 5:00pm - 5:45pm 5:00pm - 5:45pm 3:30pm - 4:15pm

If you are questioning what group your child should be in,  
please call Coach Terry Kominski @ (301) 260 - 8676

**Notes:**

- **Please make all checks payable to The Aspen Hill Club**
- Full payment must be made to reserve your space in the clinic.
- Clinic groups are filled on a "first come, first serve" basis.
- For maintaining and improving fitness and skill levels, it is highly recommended that individuals participate in the sport-specific activity a minimum of 2 to 3 times a week.
- Please only register for current session.

**Members  
Charge Code  
463**

## 2008 - 2009 Terry Kominski's Competitive Swim Clinic Registration Form

<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> Session 3
1 <sup>st</sup> child	2 <sup>nd</sup> sibling	3 <sup>rd</sup> sibling
Parents' names	Family name	Home phone #
Mailing Address		Work phone #
<input type="checkbox"/> Please charge my membership account. <input type="checkbox"/> Account # _____		Code [    ]

<b>List each child's day(s) and times. See cover page for age groups and times</b>	
	<b>COST</b>
1 <sup>st</sup> Child	
2 <sup>nd</sup> Sibling	
3 <sup>rd</sup> Sibling	
<b>TOTAL</b>	

Prices Per Session	1 day per week	2 days per week	3 days per week
<b>Member Rates</b>			
1 <sup>st</sup> Swimmer	\$132	\$212	\$302
Each Additional Sibling	\$112	\$192	\$282

**The Aspen Hill Club Waiver: please read and sign**

Each Member of The Aspen Hill Club Limited Partnership (DBA - The Aspen Hill Club) shall be liable for any property damage and/or personal injury (caused by the Member, Member's Family or Guest, or any other person) at The Aspen Hill Club Limited Partnership or any activity or function operated, arranged, or sponsored by The Aspen Hill Club Limited Partnership. It shall be the obligation of the Member to pay for any costs involved upon presentation of a statement thereof. Any and all use of the The Aspen Hill Club Limited Partnership facilities, or participation in The Aspen Hill Club Limited Partnership activities operated, arranged or sponsored by The Aspen Hill Club Limited Partnership either on or off of the Club's premises by the Member, Member's Family or Guest(s) shall be AT SUCH PERSON'S OWN RISK, and The Aspen Hill Club Limited Partnership, Aspen Hill Tennis, Inc., their owners, officers, servants, employees, agents, subsidiaries, affiliates, and/or partners shall not be liable for any injuries or damage to such person, or the property of such person, or be subject to any claim, demand, injury, or damages. The Member individually, and on behalf of the member's personal representative, heirs, administrators, assigns, and successors does hereby expressly forever release and discharge The Aspen Hill Club Limited Partnership, Aspen Hill Tennis, Inc., their owners, officers, servants, employees, agents, subsidiaries, affiliates, and/or partners from any and all such claims, demands, actions, or causes of action. In the interest of safety and fairness, I also acknowledge reading and agree to the Aquatics Department swim lesson and/or clinic policies and the pool safety rules as the prerequisite to participate in the Aspen Hill Aquatics Department programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_