



# Spring Swim Clinic

Ages 5 to 18

**Non-Member**

**Spring 2025 Session**

The Spring Swim Clinic is a 10-week summer swim team prep program for kids who want to get a head start on the summer swim season. Attention is given to starts, turns, finishes, streamlined body alignment, proper stroke mechanics, and sprint racing strategy. ***In order to participate in this program, you must be able to swim 25 yards of both backstroke and freestyle independently. This is not a lesson program. For swim lessons, please refer to the Swim School Registration Form.***

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Registration is open to members and non-members.

**Payment is required for registration to be valid.**

**Coaches:** Kaelin Jernigan — Ashcreek Head Coach  
Karen Seeber — BSRC Head Coach  
College and high school aged instructors as needed

**Practices:** Sundays from March 2nd to May 11th 2025 at the indoor Fitness/Aquatic Center  
Choose from three times: 3:00-4:00pm, 4:00-5:00pm, 5:00-6:00 pm

***\*No practice on April 20th for Easter.***

**Pricing:** Nonmembers: \$132.00

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## How to Sign Up:

Fill out the registration form on page two. Deliver the form and payment (cash, credit, or check) to the front desk of the Fitness/Aquatic Center or mail it to BSRC at P.O. Box 1537 Mechanicsville, VA 23116. Please make checks payable to “BSRC” or “Burkwood Swim & Racquet Club.”

**For questions, contact Assistant Aquatics Director Karen Seeber at 804-730-2472 or [bsrcaquatics2@gmail.com](mailto:bsrcaquatics2@gmail.com).**



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Swim Training Time (circle one)\*: 3:00-4:00pm      4:00-5:00pm      5:00-6:00 pm

*\*Changing times is not permitted.*

Parent Name: \_\_\_\_\_ BSRC # (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

First Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Summer Swim Team: \_\_\_\_\_

Second Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

How did you hear about our program?  
\_\_\_\_\_

Third Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Contact during class time: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medical conditions we should be aware of: \_\_\_\_\_

List any medications currently taking (prescribed or over the counter):  
\_\_\_\_\_



*I hereby give my permission that emergency medical treatment be sought for my child when deemed necessary by the coach or authorized adult.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

