



HOME SCHOOL SWIM GROUP

January 2025

Overview: Designed for children between the ages of 6-18. Must be able to swim a length of the pool free and back.

Coaches: The program will be coached primarily by BSRC Aquatic Director Will Brunner. Will has 20+ years of experience coaching all levels of swimming. In the past he has coached Burkwood summer league, Hanover High, BAC, and was the assistant coach at Randolph-Macon for 3 seasons. .

Date and Times: *Offered during the months of September -May.
Practices on Mondays, Tuesdays and Thursdays. 1pm-2pm
**minimum of six (6) swimmers must register to form a monthly class)*

Equipment: Goggles, swim cap (if necessary). Swim caps and goggles can be purchased at the aquatics office at the indoor pool. It is strongly suggested boys wear the competitive type “jammer” swim suit instead of regular bathing shorts. The regular bathing shorts, and shirts, inhibit the swimmer’s feel for the water and reduce speed.

Pricing:

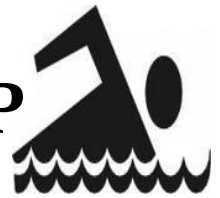
Members:	\$30/month
Nonmembers:	\$76/month

How Do I Sign Up:

Fill out page two, the registration form. Either drop off the form at the front desk of BSRC or mail it to BSRC at P.O. Box 1537 Mechanicsville, VA 23116.
PAYMENT is required for the registration to be valid.

Questions?? Contact Aquatics Director Will Brunner at 730-2472 or bsrcaquatics@gmail.com

**BURKWOOD SWIM AND RACQUET CLUB
HOME SCHOOL SWIM GROUP
REGISTRATION FORM**



DATE: _____

Parent Name: _____ BSRC # (if applicable) _____

Phone Number: _____ Email address: _____

First Child's Name: _____ Age: _____

Second Child's Name: _____ Age: _____

Third Child's Name: _____ Age: _____

DAYS AND TIME OF WEEK

MONDAYS, TUESDAYS, AND THURSDAYS 1PM-2PM

COST

Members: \$30/month (\$20/month for each additional sibling)

Nonmembers: \$76/month (\$66/month for each additional sibling)

MEDICAL WAIVER

I HEREBY RELEASE, BURKWOOD SWIM AND RACQUET CLUB, AND ALL STAFF FROM ALL RESPONSIBILITY, ACCIDENT, OR INJURY INCURRED WHILE PARTICIPATING IN THE SWIM TRAINING FOR KIDS PROGRAM.

FURTHERMORE, I AUTHORIZE BSRC PERSONNEL TO SUMMON APPROPRIATE MEDICAL ATTENTION FOR MY CHILD IN THE EVENT OF MY ABSENCE.

I HAVE READ AND UNDERSTOOD THE FOREGOING RELEASE AND I AGREE TO THE ABOVE TERMS.

Signature: _____ Date: _____

TURN IN THE FORM, ALONG WITH PAYMENT (MAKE CHECKS PAYABLE TO "BSRC") TO THE FRONT DESK OR MAIL TO BSRC AT P.O. BOX 1537 MECHANICSVILLE, VA 23116. You will receive an email confirmation upon receipt.

