



# Pleasant Valley Boys High School Summer Swim Clinics



All boys entering 9<sup>th</sup>-12<sup>th</sup> grade who are planning on swimming on the high school team are encouraged to participate in four summer swim clinics at Pleasant Valley High School. You can register for any/all of the dates that work for you. Each clinic will include instruction and focus on a different stroke. After each clinic, a team social event will follow that will also allow time to set goals and priorities for the upcoming season, as well as get to know your teammates.

Swimmer's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

Please check each date you plan on attending:

- June 4, 3-5 p.m. Freestyle (Followed by team goal resetting and dinner at the Hedgren's home)\*
- June 25, 3-5 p.m. Backstroke (Followed by team outing for ice cream\*\*)\*
- July 11, 8-10 a.m. Breaststroke (Tentative plan is to go paddle boarding\*\*)\*
- July 16, 3-5 p.m. Butterfly (Followed by dinner at a swimmer's house)\*

\*All social events are subject to change

\*\*You will be paying for your own ice cream & paddle boarding

Register on-line at: <https://pleasval.revtrak.net/tek9.asp?pg=athletics> or send clinic registration forms & payment to:

Kim Meyer  
Pleasant Valley High School  
604 Belmont Road  
Bettendorf, IA 52722

**Cost: \$20 for each individual session/date  
(\$80 if you attend all 4 sessions/dates)**

**Checks payable to: PV Boys Swimming**

Medical Information/Release Does the athlete have any medical conditions we need to be aware of?

Circle: Yes No

If yes, please explain: \_\_\_\_\_

I authorize the Swim coaches at the Pleasant Valley Swim clinic to act for me according to their best judgment in an emergency requiring medical attention, and I release Pleasant Valley Swim coaches as well as Pleasant Valley High School from any and all liability for injuries, illnesses, or lost property incurred while the above named athlete is at a clinic. I have no knowledge of any physical condition that would be affected by the above named athlete's participation in the clinic.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_