

# 'STROKERITE LTD'

## DAVE DAVIES'S SWIM TECHNIQUE CLINIC SUNDAY 5<sup>th</sup> SEPTEMBER 2010

Braunstone Leisure Centre  
2, Hamelin Road  
LEICESTER  
LE3 1JN

**DOUBLE OLYMPIC MEDALLIST:** **DAVE DAVIES** will give demonstrations, coach the training sessions, race the participants, give a motivational talk and sign autographs

**INTERNATIONAL COACHES:** All swim sessions will be led by Dave Davies and he will be supported by experienced international coaches

**COURSE CONTENT:** This clinic is open to any ASA registered competitive swimmer who wishes to take their swimming skills to a higher level.  
Swimmers will undertake two pool sessions, and receive a motivational talk by Dave on his life and swimming career! Together with land training focussing on core stability and flexibility work, specially adapted for swimmers.

***The clinic is open to ASA registered competitive swimmers aged 9-16 years***

The day will begin with registration at 9.30 am ready for a prompt start at 10.00am and will finish at approximately 4.15pm.

SWIMMERS: Please bring a packed lunch and water for the day – Bear in mind you will be in the water twice and dry kit for the second session might be nice! You will also require gym kit for a land training session.

**COURSE FEE**      **SWIMMERS: £80**  
**PARENTS / COACHES are welcome to attend all sessions**

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I wish to apply for the Dave Davies swim clinic at Braunstone Leisure Centre on Sunday 5<sup>th</sup> September 2010

NAME ..... Date of Birth .....

ADDRESS .....

..... Swimming Club .....

Post Code.....

Telephone number ..... E-mail: .....

I enclose a cheque for ..... (Swimmer's name & address on the back, **S.A.E. for reply please**) £80.00

CHEQUES MADE PAYABLE TO 'STROKERITE LTD'

'Strokerite Ltd' 99 Shipman Road, Market Weighton, York, YO43 3RA  
Tel: 01430 879149 [www.strokerite.co.uk](http://www.strokerite.co.uk)

# ‘STROKERITE LTD’

IMPORTANT: PLEASE COMPLETE AND RETURN CONSENT FORMS  
Please return to: Strokerite Ltd: 99 Shipman Road, Market Weighton,  
York, YO43 3RA

Tel: 01430 879149 e-mail: [Strokerite@hotmail.co.uk](mailto:Strokerite@hotmail.co.uk)

## Strokerite Stroke Development Clinics

**To be completed by the swimmers parents or guardian.**

Swimmers Name .....Date of Birth .....

**Please delete Yes or No as appropriate and complete further details as necessary.**

Does your child have any specific medical conditions requiring medical treatment and/or medication? Yes / No	If yes, give details
Does your child have any allergies? Yes / No	If yes, give details
Does your child take any medication for asthma? Yes / No	If yes, give details
Any other relevant information	

In compliance with the Data Protection Act 1998, all efforts will be made to ensure that this information is secure and used only in connection with the activities of Strokerite Ltd.

### DECLARATION

- I am aware of and understand the potential risks associated with physical exercise and my child is voluntarily partaking in these activities with knowledge thereof.
- I have had the opportunity to ask questions regarding sporting and recreational activities and any questions I have asked have been answered to my satisfaction.
- The above questionnaire has been completed to the best of my knowledge and belief.
- Without prejudice to the above, Strokerite Ltd accepts no liability for loss or damage of whatsoever nature and howsoever arising caused to my child or suffered by my child whilst on the clinic, UNLESS such loss or liability is caused by the negligent act of Strokerite Ltd.
- I have read and agree for myself and my child to be bound by these conditions.

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Signed (parent or carer) ..... Date .....

## EMERGENCY CONTACT INFORMATION

*In case of any emergency, please complete below alternative names, addresses, and telephone numbers i.e. another member of the family or a friend, who can be contacted should parents not be available.*

Name ..... Relationship to swimmer .....

Address .....

.....

Telephone .....

*Please complete below any mobile telephone number/s which may be used in an emergency.*

Mobile ..... Relationship to swimmer .....

Mobile ..... Relationship to swimmer .....

*It may be essential for Strokerite staff to have the necessary authority to obtain urgent medical treatment which may be required during a swim clinic. Would you therefore complete the details on this form and sign below to give your consent.*

*I ....., being parent/carer of the above named child hereby give permission for the Strokerite staff member caring for my child to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.*

Signature (consent by parent/carer) .....

Print full name ..... Date .....

**Strokerite cancellation policy:** In the unlikely event of the cancellation of a clinic due to circumstances beyond our control, we will issue a full refund of all fees paid to Strokerite. However, we cannot be held responsible for any other losses incurred as a result of such a circumstance.

Strokerite would like to keep you informed (by telephone, e-mail or post) of future Strokerite Swim Clinics, courses and other related services. If you would prefer not to receive this information from us, please tick this box

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