



*Raising the level
of swimming*

Underwater Video Swim Clinic Sunday 4th Dec. 2011, at The Pocklington School

This 4 hour video footage swimming clinic at the Pocklington School Pool gives the chance to run through a 2 hour Deep Blue Swimming Technique session delivered by one of our coaches while another coach takes each swimmer one-by-one to video both underwater using our unique camera system and over the water. The end result will be an edited version of the footage that includes feedback as well as full written feedback by our ASA Level 4 qualified coach who has International Final and Medal winning experience.

After the pool session there will be a classroom session where our coaches will take the time to give advice and discuss technique while showing examples of World Class Technique on video. During the session there will be an opportunity to discuss any thing you might want advice on regarding your training, racing or technique.

The price includes a disc posted out after the event with your edit video that includes feedback within it. It also includes an A4 page of feedback in written form with advice on where to improve your technique.

This clinic is open to any swimmers (17yrs +) who wish to take their swimming skills to a higher level.

The clinic will begin with registration at 12.15pm on Sunday 27th November, ready for a prompt start at 12.30pm and will finish at approximately 16.30pm.

A confirmation email will be sent to you on receipt of your booking forms and cheque to confirm your place on the clinic.

The Clinic Fee per Swimmer is: £55

I wish to book a place on your Underwater Video Swim Clinic on 4th Dec. 2011
at the Pocklington School (YO42 2NJ)

Swimmer Name:..... Date of Birth:.....

Address:.....

..... Post Code:.....

Telephone number:.....

Mobile number:.....

Email:.....

Cheque enclosed for £..... (name & address on the back, S.A.E. for reply) at £55 per swimmer.

CHEQUES MADE PAYABLE TO 'Deep Blue Swimming'
To: Deep Blue Swimming, 106 Bricknell Ave, Hull, East Yorkshire HU5 4JU.



Underwater Video Swim Clinic

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

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

Do you have any specific medical conditions requiring medical treatment and/or medication? **Yes / No**

If yes, please give details:.....

.....

Do you have any allergies? **Yes / No**

If yes, please give details:.....

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Do you take any medication for asthma? **Yes / No**

If yes, please give details:.....

.....

Any other relevant information:.....

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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 'Deep Blue Swimming'.

Declaration:

- I am aware of and understand the potential risks associated with physical exercise and voluntarily partake 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, Deep Blue Swimming accepts no liability for loss or damage of whatsoever nature and howsoever arising caused or suffered whilst on the camp, UNLESS such loss or liability is caused by the negligent act of Deep Blue Swimming.
- I have read and agree to be bound by these conditions.

Signed:..... 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.

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

Address:.....

..... Post Code:.....

Landline:..... Mobile:.....

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 Deep Blue Swimming staff to have the necessary authority to obtain urgent medical treatment which may be required during a swim camp.

Would you therefore complete the details on this form and sign below to give your consent.

I, hereby give permission for the Deep Blue Swimming staff member caring for me to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signed:..... Date:.....

Print full name

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

'Deep Blue Swimming' would like to keep you informed (by telephone, e-mail or post) of future 'Deep Blue Swimming' camps, courses and other related services.

If you would prefer not to receive this information from us, please tick this box