

Milford Area Swim Team

Swim Clinics

Pre-season clinics are for any swimmers who want to learn technique. MAST membership is not required.

Clinic #1	MON Aug. 23	TUE Aug. 24	WED Aug. 25	THR Aug. 26	FRI Aug. 27
Ages 10&U	6:00 – 6:45 Freestyle	6:00 – 6:45 Backstroke	6:00 – 6:45 Breaststroke	6:00 – 6:45 Butterfly	OFF
Ages 11&O	7:00 – 8:00 Freestyle	7:00 – 8:00 Backstroke	7:00 – 8:00 Breaststroke	7:00 – 8:00 Butterfly	OFF

Description: Analysis and introduction on primary principles of each competitive stroke

Clinic #2	MON Aug. 30	TUE Aug. 31	WED Sept. 1	THR Sept. 2	FRI Sept. 3
Ages 10&U	6:00 – 6:45 Freestyle	6:00 – 6:45 Backstroke	6:00 – 6:45 Breaststroke	6:00 – 6:45 Butterfly	OFF
Ages 11&O	7:00 – 8:00 Freestyle	7:00 – 8:00 Backstroke	7:00 – 8:00 Breaststroke	7:00 – 8:00 Butterfly	OFF

Description: Advanced instruction and additional technical work

How to Sign Up?

Current MAST members can sign up on the event page just like signing up for a swim meet. Non-MAST members will need to use the link posted on the clinic details page.

What is the cost?

Clinics are free to current MAST members. The cost for non-MAST members is \$50 per clinic, however the clinic fee will be applied to your MAST membership dues if you join the team.

Is your child ready to join MAST?

Contact Coach.Monty@milfordswimming.org for more information.

MAST Swim Clinic Form (For Non-MAST Members ONLY)

Swimmers Name (Print): _____ Age _____

Parents Name (Print): _____

Address: _____

City: _____ St _____ Zip _____

Phone Number: (H) _____ (W) _____ (Cell) _____

Email Address: _____

Clinic #1 / Clinic #2

Cost is \$50 for per clinic

Mandatory Conditions

General Conduct - I agree to abide by the rules imposed by the Milford Area Swim Team (MAST) with respect to my swimmer's eligibility to participate. I agree that my swimmer and all family members will abide by all MAST rules of conduct. I agree that my swimmer and I will be responsible for any MAST or Milford High School property lost or damaged other than fair wear

General Health - To the best of my knowledge, I declare that my child is physically fit to participate in swimming, and I agree to furnish a doctor's statement if requested. I agree that MAST does not take responsibility for my child's physical condition.

Indemnification and Hold Harmless - I agree that MAST, it's members, coaches, officers, trustees or designates shall not be liable for any injury or loss which my swimmer or any other family member may sustain while participating in activities of any kind whether sponsored by or under the supervision of the Milford Area Swim Team. I agree to indemnify and hold harmless MAST, it's members, coaches, officers, trustees, or designates from any claim whatsoever.

Photo Consent - MAST may use photos of my swimmer on the bulletin board, in flyers and emails, and on MAST 's web site

I have read and consent to all of the fees, conditions & requirements above

Parent / Guardian Signature _____ Date _____

Printed Name _____

MAST Signature _____ Date _____