

SHOOTING STARS

Coming together, Sharing together, Working together, Succeeding together

MASTERS PROGRAM: The Club's Shooting Stars Masters Squad provides structured swim programs for adults. These workouts range from Learn to Swim Programs to tailored workouts designed specifically for adult swimmers, whether they are competitive or non-competitive, are tri-athletes, or simply adults looking for a way to improve fitness while getting a full body workout. Masters Swimming is not only about competitions, it also actively promotes a healthy lifestyle through friendship and various social events – so bring along some friends!

<p>Shooting Stars Adult Masters Squad</p> <p>60mins</p>	<p>Within these squads adults train together to develop their fitness levels, whilst placing an emphasis on stroke mechanics and endurance. We also promote the benefits of fitness and leading a healthy, balanced lifestyle. There are two main focuses The Tri squad if you are interested in training specifically for triathlons and/or open water swim events and the Master's squad for all other swimmers competitive and non-competitive.</p> <p>For the optimal development of your swimmers skill and fitness level, a minimum of two sessions a week and most advantageous three sessions should be completed to make noticeable gains.</p>
<p>Shooting Stars Adult Learn to Swim</p> <p>60mins</p>	<p>Swimming is one of the most important sports especially when it comes to safety. In our Shooting Stars Adult Learn to Swim program, our coach will help you to overcome the fear of water, learning survival skills and efficient stroke techniques. By mastering Freestyle, Breaststroke and Backstroke, you will be qualified to join us for the Shooting Stars Adult Masters Squad.</p>

Please refer to the Shooting Stars Policies and Procedures attached



Spring 2012 ENROLMENT FORM

Classes commence January 9 & conclude June 9, 2012

MEMBER DETAILS: (please print clearly)
Name: _____ Membership No.: _____
Address: _____ Postal Code: _____
E-mail: _____
Phone (H): _____ (W): _____ (H/P): _____

Phone: 6739 4450

<p>Adult Masters Squad Name: _____ Gender: M / F</p> <p>MEDICAL INFORMATION: <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Disability _____ <input type="checkbox"/> Allergy / Special Considerations _____</p>	<p>Please indicate preferred schedule: <input type="checkbox"/> Tuesday 9:30 a.m. <input type="checkbox"/> Tuesday 7:30 p.m. <input type="checkbox"/> Thursday 9:30 a.m. <input type="checkbox"/> Thursday 7:30 p.m. <input type="checkbox"/> Friday 7:00 a.m. <input type="checkbox"/> Saturday 7:30 a.m.</p> <p>Cost \$22.40 per 60 min session</p>	<p>Goals: <input type="checkbox"/> Triathlon <input type="checkbox"/> Fitness <input type="checkbox"/> Age Group Masters <input type="checkbox"/> Open Water <input type="checkbox"/> Others: _____ _____ _____</p>
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<p>Adult Learn to Swim</p> <p>MEDICAL INFORMATION: <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Disability _____ <input type="checkbox"/> Allergy / Special Considerations _____</p> <p>Goals: _____ _____ _____</p>	<p>Please indicate preferred training schedule <input type="checkbox"/> Tuesday 7:30 p.m. – 8:30p.m. <input type="checkbox"/> Thursday 10:00 a.m. – 11:00 a.m. <input type="checkbox"/> Thursday 7.30 p.m. – 8.30pm</p> <p>Payment Details: (please tick) <input type="checkbox"/> Pay per lesson at \$22.40 <input type="checkbox"/> 5 Lesson Swim Card at \$89.60</p>	<p>Please note:</p> <p>Purchase a 5 lesson swim card and receive 5 classes for the price of 4</p> <p>Terms and Conditions apply</p>	<p>OFFICE USE ONLY:</p> <p>Processed by: _____</p> <p>Date: _____ Waitlist <input type="checkbox"/> Class confirmed <input type="checkbox"/></p> <p>Member is informed <input type="checkbox"/> Emailed <input type="checkbox"/></p> <p>Left Message <input type="checkbox"/> Date _____ Time _____</p> <p>Follow up call Date _____ Time _____</p>
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ACKNOWLEDGEMENT: I acknowledge that I have received a copy of, read, understood and will abide by the policies and procedures provided in regards to The American Club Starfish Swim School Program. I understand this enrollment form states preferences only and the Starfish Swim School, **will issue official class confirmation via email only on December 16, 2011**, for enrolment after this date an email will follow within 3 working days.

Signature of Member: _____ **Date:** _____ **Classes commence January 9, 2012**