

# WORCESTER JCC - AQUATICS DEPARTMENT

633 SALISBURY STREET, WORCESTER, MA 01609

Kelly Sampson, Aquatics Director, 508-756-7109, x 235, ksampson@worcesterjcc.org

Nadya Mahoney, Assistant Aquatics Director, x 250, nmahoney@worcesterjcc.org

Galia Tukachinsky, JCC Head Swim Coach

## JCC Masters Swim Class

**Monday & Wednesday ..... 11:00 a.m. - 12:00 noon**

- **MONDAY, SEPTEMBER 8 to WEDNESDAY, DECEMBER 17**
- 11:00 a.m. - 12:00 noon
- Mondays & Wednesdays

(no class week of November 24th to November 27th)

### Stay Fit with Swimming

- **Become stronger & more flexible**
- **Swim train with others**
- **Reduce Stress**

*Master Swimmers  
Triathletes  
Fitness Swimmers*

This class is for those over 18 who want to learn various training principals with all the competitive strokes and turns. Varied workouts for speed and endurance. A great class for triathletes and those wishing to make swimming a part of their fitness program. You should be able to swim 4 lengths (100 yards) without rest for this class.

Instructor: Galia Tukachinsky, JCC Head Swim Coach

Monday & Wednesday 11:00 am - 12:00 noon \$125/M, \$145/NM 12 weeks 35-5050-1

The JCC is open to all regardless of race, color, religion, national origin, gender, sexual orientation, age disability or economic condition. The Center is handicapped-accessible. [www.worcesterjcc.org](http://www.worcesterjcc.org)

Worcester JCC



REGISTRATION: Complete the following & return, with payment, to the JCC, 633 Salisbury St., Worcester, MA, 01609 or bring it to the kiosk, or fax to JCC 508-754-3373. Refund Policy: Refund/credit to account shall be allowed, less a \$20 administrative fee, for all cancellations or changes by participant, if notice of cancellation or change is received by the JCC office before the starting date of the program. Full refund/credit shall be made in the event an activity is cancelled by the JCC due to insufficient registration. (Masters Swim...11am-12pm....Sept. 8 - Dec. 18)

Fee: \$125/M \$145/NM (35-5050-1)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

Cash Check MC Visa Credit/Debit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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