

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



Wahoo Swim Team

■ AUGUST 25 - NOVEMBER 21, 2008



FOCUS DURING THIS SESSION WILL BE:

- Technical work on competitive strokes, starts, & turns
- Dryland training, endurance training & sprint work
- Meet readiness for Worcester County Swim League competitions (Sept. - Nov... Meet fees not included)
- JCC Swim League
- USS Competitions (coaches will post - additional fees required)

<i>GOLD...</i>	High School and USS Competitors
<i>JUNIOR GOLD...</i>	High level 13 & under, USS Competitors
<i>SILVER...</i>	High level 8 & under, 10 & under, 12 & under, USS Competitors
<i>BRONZE...</i>	8 & under and 10 & under

*All new swimmers must be evaluated before registering.
 Minimum of 2 practices a week recommended

Gold	Mon. - Thurs. 4 - 6 pm and Fri. 3:30 - 5 pm	\$335M/NM	35-5000-1
Junior Gold	Mon. - Thurs. 4:30 - 6 pm and Fri. 3:30 - 5 pm	\$320M/NM	35-5001-1
Silver	Mon. - Thurs. 5:45 - 7 pm	\$265/M/NM	35-5002-1
Bronze	Mon. - Thurs. 6 - 7 pm	\$185/M/NM	35-5003-1

For further details contact:

Kelly Sampson, Aquatics Director, x 235 or Nadya Mahoney, Assistant Aquatics Director, x 250.
 Head Coach, Galia Tukachinsky, Coach Mike Ross.

NEW SWIMMERS ALWAYS WELCOME!

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



REGISTRATION: Complete the following & return, with payment, to the JCC, 633 Salisbury St., Worc., 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. (Swim Team - Fall Session- August 25 to November 21, 2008)

Swimmer's Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Amount Enclosed: _____

Member Nonmember (Date of Birth _____)

GOLD/\$335...35-5000-1 JUNIOR GOLD/\$320...35-5001-1 SILVER/\$265...35-5002-1 BRONZE/\$185...35-5003-1

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

Signature: _____ Date: _____