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2009 High School Summer Swim/Dive Program

This program is for high school and junior high athletes that want to train over the summer. It is a training only program with no scheduled competitions. Athletes in this program practice 4 times a week, M-Th. Athletes will participate in on deck dry lands, conditioning swimming, stroke instruction and sprinting. Divers will work on dry land/flexibility and diving technique.

The program fee is \$80 for those participating in the swimming or swimming/diving program.

Divers in the diving only program pay a fee of \$45.

Checks should be made out to Talyna Neff and are due with the paperwork on or before the first practice.

Practice Times & Dates:

Swimming

July 27th-August 20th 6:45-8:30 a.m.**

Tues and Thurs

Pearce Pool

Mon and Wed

Berkner Pool

Diving

July 27th-August 20th 6:45-8:30 a.m.**

Mon and Wed only

Berkner Pool

** August 17th-18th – Practices end at **8 a.m.** due to Teacher In-Service Schedule at JJPearce.

**August 19th & 20th–TBA We may not have practice because due to Teacher In-Service

This swimming program will be coached by Regina Moss, the Richardson High School Swim Coach, Talyna Neff, the Berkner High School Swim Coach, and Shelly Silver, the Berkner High School Asst. Swim Coach. The Diving Program will be coached by Talyna Neff, the Berkner/LHHS High School Diving Coach.

Equipment needed for this program includes training suits, caps and goggles. Athletes will be able shower and change quickly after practice, please plan on it taking no more than 10 minutes.

The registration form must be completed and returned before athletes are allowed to participate.

If you have any questions, please contact Coach Regina Moss regina.moss@risd.org, 972-783-0958 (RHS side of town) or Talyna Neff talyna.neff@risd.org, 469-593-7132 (Berkner side of town).

2009 High School Summer Swim/Dive Program Athlete Information Form

Due on or before the first day of practice.

Name of Athlete _____

Mailing Address of Athlete _____ Zip _____

Athlete's Phone Numbers _____home _____cell

Parents' Names _____

Parents' Phone #'s _____work _____cell _____other

Health Insurance Company: Name, Phone and ID Number.

Preferred Hospital:

Emergency Contact and Phone (other than parents) _____

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Liability Waiver

I understand that the athlete listed above is participating in an athletic sport program and that there is some risk of injury. I understand that this program will be supervised by an adult coach trained to coach swimming. I accept full medical and legal liability for their participation in this program and I give my consent for participation. I also grant permission for the supervising coach to take the athlete to the hospital in the event of an emergency.

Parent Signature _____ date _____

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Please return this form and payment on or before the first day of practice. If you like, you may mail it to: Talyna Neff, 2931 Montague Trail, Wylie, TX 75098.