

## 2008 HHAA Spring Clinics !

HHAA will be offering two different clinics at Simmons Elementary starting Monday, April 7, 2008 and ending Tuesday, May 27, 2008. If there are any unforeseen pool closings, information will be on the team website, [hhaaswimming.org](http://hhaaswimming.org). Prices for both the intermediate and advanced clinics will be \$80 for team members, \$100 for non-team members. Siblings of team members are considered team members and pay the member fee. Registration is on a first come first served basis. The coaches of Hhaa will make the determination of readiness for the particular clinics .

The intermediate level clinic will be held 5:30 to 6:45 Mondays, Tuesdays and Thursdays. This clinic is geared for swimmers with some competitive experience between the ages of 6-12. There will be instruction of proper stroke and breathing techniques. Also, there will be instruction on starts, turns, and finishes. All four competitive strokes will be covered in the course of the clinic. In addition, there will be some endurance training and drills to encourage proper stroke mechanics. The HHAA coaches will lead this clinic.

The advanced clinic will be held Mondays, Tuesdays, and Thursdays from 3: 30 to 5:15. There will be a bus available from Keith Valley Middle School. Participants in this clinic should have competitive experience and be in grades 6 and up. There will be some stroke and turn work, however this clinic emphasizes conditioning and endurance. Proper and efficient stroke techniques will be covered along with an emphasis on conditioning by yardage. Kip Emig will lead this clinic along with the HH High School coaches.

Our excellent staff is looking forward to working with you. If there are any questions please call Karen Palombo at 215-712-9010 or e-mail [epkp@juno.com](mailto:epkp@juno.com). Don't delay; we only have a limited number of openings! Please make checks payable to Hhaa and mail registration to:

**Karen Palombo**  
**205 Whisper Way**  
**Chalfont, Pa, 18914**

# Spring Clinic 2008

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_

1<sup>st</sup> Swimmer: Name \_\_\_\_\_ Age \_\_\_\_\_

Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Any Medical concerns ? \_\_\_\_\_

2nd Swimmer: Name \_\_\_\_\_ Age \_\_\_\_\_

Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Any Medical concerns ? \_\_\_\_\_

3rd Swimmer: Name \_\_\_\_\_ Age \_\_\_\_\_

Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Any Medical concerns ? \_\_\_\_\_

Space is limited in the clinics so that more individual attention can be given to the participants. Registration will close when the quota is reached. Don't delay! Send in your registration as soon as possible!