



VIRGINIA BEACH PARKS AND RECREATION  
**freestyle clinic with video analysis**

**WITH KARLYN PIPES-NEILSEN**

Tired of working so hard to swim so slow? Learn how to swim faster with less effort, relax and find your balance, and to effectively breathe in any condition. Karlyn Pipes-Neilsen, a world-renown masters swimmer, will lead you through this clinic. You'll also see yourself swim with before and after video sessions!

**Seatack Recreation Center's pool** AGE 18 & UP

**10 am - 2:30 pm**

OR

**12 pm - 4:30 pm**

**Saturday, June 11, 2011**

**Sunday, June 12, 2011**

#100833

#100834



*Experience the Fun!*  
 Virginia Beach Parks and Recreation

VBGOV.COM/PARKS

FUN@VBGOV.COM

757-437-4858 • TTY: DIAL 711

3/31/11 - 6/1/11

**Aquatic Edge Faster Freestyle Clinic With Video Analysis • Virginia Beach, VA**

Registration deadline: June 1, 2011. Submit completed registration forms & payment to  
 Seatack Recreation Center, 141 S. Birdneck Road, Virginia Beach, VA 23451.

Preferred session: <input type="checkbox"/> 10 am - 2:30 pm, Saturday June 11 (#100833) <input type="checkbox"/> 12 pm - 4:30 pm, Sunday June 12 (#100834)			
Participant's first name:		Participant's last name:	
Street address:		City:	Zip:
Home phone:	Cell phone:	Email address:	
Emergency contact name:		Phone:	
Age:	Swim level: <input type="checkbox"/> beginner <input type="checkbox"/> intermediate <input type="checkbox"/> masters <input type="checkbox"/> multi-sport		
Identify one goal for this clinic:			

**ASSUMPTION OF RISK & RELEASE**

I for myself and/or children named here on (participant's name) \_\_\_\_\_, as a patron and/or participant in a Virginia Beach Department of Parks and Recreation facility and/or program, am aware of the possibility of accidental or other physical injury which may befall me or my child(ren) during my/our use of the facility, equipment and/or participation in programs conducted by this department including programs co-sponsored with other agencies. I do hereby assume the risks of possible accidental injuries that I or my child(ren) may suffer while utilizing Virginia Beach Department of Parks and Recreation facilities and/or programs and release from any and all liability or cause of action, the City of Virginia Beach, its employees, and volunteers. I hereby provide consent for the Department of Parks and Recreation to use photographs and/or interviews with me and my child(ren) in connection with publicizing or promoting the City of Virginia Beach, its services, or departments and agencies. I understand that there is no remuneration for this use or reproduction of said photographs.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_