

PHYSIQUE SWIM SCHOOL  
At Saint Elizabeth College  
(2 Convent Road, Morristown)

**WE WELCOME YOU TO:  
PHYSIQUE SWIM TEAM AND  
STROKE DEVELOPMENT CLASSES!**

*We are inviting you and your friend to learn with us how to swim  
Better, Faster and more efficient.  
There two essential parts to successful swimming – technique and training.  
We will address technique first as a foundation.*

**About the Team:** Once you have secured good technique, appropriate workouts become more effective. These workouts will combine stroke/ kicking drills, and Interval sets, which together will your training more effective and fun. We will share the most effective swimming strategies with you . We offer year round training for competitive and non competitive swimmers, as well as stroke development classes. Our training facility is the College of St. Elizabeth

**Swimming Benefits:** It is a perfect activity to improve Aerobic Fitness, Flexibility, Body Strength, Muscle Tone, Coordination. Swimming is particular **injury free** sport. It's conducting to relaxation and stress relief. Improving **Attention Deficit Disorder (ADD/ADHD)**, make stronger focus. Build up Self Monitoring, Tempo Control and Reinforce ability.

**Schedule:** Saturday at 3:30 – 5:00 p.m. (1 hour 30 minutes class)  
Sunday at 3:30 – 5:00 p.m.

**Calendar:** January 18 – June 20  
June 28 - August 16

**Cost:** Membership fee:  
2 days a week - \$130 per month  
3 days a week - \$160 per month  
1 day a week - \$100 per month  
Drop ins - \$ 30 per class

**Age and levels:** 11 years old and under – Level 1 (should swim – two stroke, 4 laps)  
10 years old and older - level 2 (four strokes – 100 IM & 200 – Free)

**Registration:** Fill out our online registration form and mail or e-mail to us:  
[www.physiqueswimming.com](http://www.physiqueswimming.com): [physiqueswimming@msn.com](mailto:physiqueswimming@msn.com)  
P.O.Box 135, Mt.Freedom, NJ 07970

**PHYSIQUE SWIM TEAM REGISTRATION FORM**

Make your check payable to Physique  
Tel/Fax: (973)895-2865

P.O. Box 135, Mt. Freedom NJ, 07869  
[www.physiqueswimming@msn.com](http://www.physiqueswimming@msn.com)

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Level \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Parents Name \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Master card , Visa, American Express or Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

**WAIVER/AGREEMENT/ REGISTRATION**

As parent or legal guardian of the child , I hereby give a full consent and approval for my child to participate in activities of the Physique Swim Team. I understand that there are certain risks of injury inherent in practice of swimming and the other related activities incidental to my child participation. I am willing to assume all risks on behalf of my child. I hereby certify, that my child is fully capable of participating in swimming team, my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activities. I approve emergency treatment for my child by qualified, licensed physician. I also understand, that Physique is unable to provide medical coverage for injury, that may sustained. I hereby agree to use my own hospitalization insurance to cover any such expense and release, waives, discharges and covenants not to sue Physique. I authorize the Physique to utilize in any promotional or publicity material any photograph taken while participating in any Physique activity

Parent signature \_\_\_\_\_