

# SWIM TEAM CLINICS

NOT SURE IF YOUR CHILD IS READY FOR SWIM TEAM?

JOIN RICHMOND DOLPHIN SWIM TEAM COACH ON:

**TUESDAY, MAY 27**

9:00am first year kids/ 10:30am all ages

**WEDNESDAY, MAY 28**

9:30am 1st & 2nd year kids / 10:30am all ages

**THURSDAY, MAY 29**

9:30am 1st & 2nd year kids / 10:30am all ages

LOCATION: RICHMOND SOUTHVIEW POOL (333 E. SOUTH ST.)

(FOR YOUTH 4-18 YEARS OF AGE/ (AGE CHILD IS ON JUNE 1, 2025)

At the clinics, coach, Trish Fields will be going over the expectations of the 2025 swim team season, what to expect at practices/meets, conditioning drills, basic swim strokes, rhythmic breathing, mimicking typical swim team practices, answering questions, and more. Please remember, this is not swim lessons. Participants must be confident in a pool setting and able to swim. Returning Swim Team participants are encouraged to participate! MEETING: 5/27 @ 10:00am.

**REGISTRATION DEADLINE: TUESDAY, MAY 27, 2025**

SIGN UP AT THE FRONT DESK OF RICHMOND CITY HALL M-F, 8:00am-4:30pm  
OR E-mail [hwilliams@cityofrichmondmo.org](mailto:hwilliams@cityofrichmondmo.org) your completed form.

QUESTIONS? E-Mail: [Hwilliams@cityofrichmondmo.org](mailto:Hwilliams@cityofrichmondmo.org)

Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on 6/1/25: \_\_\_\_\_ Gender: \_\_\_\_\_ Heath Concerns: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I, the parent/ guardian of the above named candidate for a position on a recreation team, hereby give my approval to participate in any and all recreation activities, including transportation to and from the activities. I am aware that participation in the Dolphin Swim Team Clinics may result in serious injuries and protective equipment does not prevent all injuries to players. I hereby waive, release, absolve, indemnify and agree to hold harmless the Richmond Parks & Recreation Departments, City of Richmond, the organizers, coaches, sponsors, supervisors, lifeguards, officials, participants and persons transporting my child to and from activities for any claim arising out of any injury to my child whether the result of negligence, or for any other cause. I agree to return equipment issued to my child in as good of condition as when received it, except for normal wear and tear. In addition, I agree, understand, and allow the City of Richmond to take and use my or my child's photograph, likeness, name, statement, or video. I understand that the City of Richmond may use the photograph, likeness, name, statement or video for the purposes of publication, presentation, websites, and social media channels. I have read and fully understand the above program details and waive and release all claims. I have read and fully understand the above activity details and waive and release all claims including damaged, stolen, or lost property that could occur during the event., and I am aware there are not refunds.

Signing below means you are aware these clinics are for FUN and that you have read and agree with the above.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

(if participant is under 18, parent/legal guardian must sign)



Parks & Recreation Department