

STROKE REFINEMENT

- Swimmers develop precision in each stroke and skill
- Review of all strokes: front, back, breast & side
- Intro/review of butterfly "eggbeater" leg movement for treading water
- Open turn refinement

FOLLOW US



@brendaathletics



Brenda Athletic Clubs

SWIM LESSONS

LESSON PRICING

Each session duration is 30 minutes

\$150 for 4 sessions
(additional \$20 for non-members)

\$200 for 8 sessions
(additional \$40 for non-members)

Sessions are priced for one child.

CONTACT US

Turlock Sport
(209) 571-2582

Turlock Management Email
esmeraldat@brendaathletics.com

Modesto Sport
(209) 571-2582

Modesto Management Email
yesseniaf@brendaathletics.com

Visit our website!
brendaathletics.com



BAC
BRENDA ATHLETIC CLUBS

REFUND POLICY

No refunds or transfers after registration
Registration deadline is 7 days prior to the
desired start date of the first lesson.

I have read the above registration and
refund policy.

Guardian Signature _____

WAIVER

The undersigned hereby voluntarily and
forever releases, discharges, waives and
relinquishes any and all actions, causes of
action or claim for personal injury, property
damage or wrongful death occurring to
him/her/theirselves, against Brenda Athletic
Clubs, its agents and employees arising out
of one's use of the facility.

The undersigned further relinquishes any
accusation, cause of action or claims which
may hereafter arise and agrees that under
no circumstance will he/she/they present
any claim for personal injury, property
damage or wrongful death against Brenda
Athletic Clubs, its agents and employees
arising from use of the facility.

I give permission for my child to take part in
these swimming lessons at Brenda Athletic
Clubs. I give permission for my child to be
photographed and the images to be used
on promotional Brenda Athletic Clubs
advertising.

Guardian Signature _____

REGISTRATION

Please circle sessions attending and
enclose payment to reserve your child's
spot for swim lessons.

Private Session: _____

Preferred Time: _____

Amount Enclosed: \$ _____

*Add additional non-member fee

Child's Name: _____

Age: _____ DOB: _____

Parent's Name: _____

Phone Number: (_____) _____ - _____

Emergency Contact

Name: _____

Phone Number: (_____) _____ - _____

Email Address: _____

Any Special Conditions/Allergies

Please return form 7 days
prior to session.

