

NCCSPA Masters Swim Registration Summer 2021
Monday, Wednesday & Friday, June 14– July 30^h 6:00-7:30am

Come join this spirited group of early morning swimmers (representing a wide range of abilities and speed) in a coached workout that will add finesse to your strokes while improving your cardio endurance. With many of us sharing a lane and exercising vigorously together, being fully vaccinated for COVID-19 is strongly encouraged.

We are very excited to welcome Sam Brownell, our new coach, who writes:

I am very excited to be coaching the NCC Masters group this summer. As a former Division I swimmer (Loyola University, Patriot League) and Potomac Valley Swim Coach (The Capitol Sea Devils), I have competed and coached at all levels, from learn-to-swim to national level to Masters. As a new member of the Kensington and NCC communities, I am looking forward to meeting neighbors and providing practices customized to your skill level. When not on the pool deck, you can find me working from my home office in Rock Creek Hills helping independent business owners with succession and retirement planning or outside with my wife and two young boys.

Fee for the 7-week season is \$140. To secure your space, please return completed form and your check to NCCSPA: NCCSPA 3 Campbell Court Kensington, MD 20895 Space is limited and registrations will be processed in the order received. Email any questions to help@nccspa.com

Swimmer's Name _____ Pool Member # _____

Address _____

Home Phone _____ Cell Phone _____

E-Mail _____ Emergency Contact Phone _____

Info about your swimming abilities (to be used for lane assignments) _____

List any medical issues (allergies, asthma, etc.): _____

Are you fully vaccinated for COVID-19 or do you plan to be by the start of the program? _____

Would you be interested in a T/TH one hour Masters practice if this option is full? _____

I understand that participation in swimming activities is entirely voluntary. I know and understand the risks and dangers involved in swimming and I know and understand that unanticipated dangers might arise. I hereby release NCCSPA from any responsibility for injury, which might occur as a result of my participation in the NCCSPA Masters Swimming program.

I give permission to authorized personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for me, and also permit such treatment procedures to be carried out at, and by local hospitals for me in the event of an emergency. I understand that any medical expenses will be billed directly to me or to my insurance company.

Date: _____

Signature of Participant