



**EASTER COURSE 2013**  
**LIVERPOOL UNIVERSITY SPORTS COMPLEX**  
**FRIDAY 29<sup>th</sup> March to MONDAY 1<sup>st</sup> April 2013**  
**9.00 A.M. TO 5.30 P.M.**

Everton Swimming Association is pleased to invite you to our famous annual swimming training course over the Easter Bank Holiday weekend (four days again this year!). The venue will be Liverpool University Sports complex and pool.

Please join us for a fun filled four day training programme which includes land training and team building exercises and of course an intensive swimming schedule which will help to improve both technique and stamina.

The course builds in momentum and the last day finishes on a real high with swimmers being placed into teams for a swimming gala. Add to this a fancy dress parade prior to the gala, promises great fun and an exciting finale.

As numbers are limited to avoid disappointment reserve your place today by completing the enclosed application and medical form and return it with a Stamped Addressed Envelope plus Full Fee to:

**Mark Riley, 36 Hathaway Road, Gateacre, Liverpool L25 4ST**  
**By Friday 8<sup>th</sup> of March**

**Or email [markriley86@hotmail.com](mailto:markriley86@hotmail.com) to confirm attendance.**

**Post-dated cheques dated 29<sup>h</sup> of March are acceptable.**

**Please make cheques payable to: Everton SA**

Places will be allocated on a first come first served basis.

**As this course has proven so popular please do not delay in returning your application.**

The cost of the course is £65. Families with two swimmers £120 and families with three swimmers £165.

I am sure you will agree this is fantastic value for money (payment with application form).

Applications are subject to acceptance by Course Director Mark Riley and this course is only suitable for swimmers who are in **regular training**.

Once applications have been accepted there will be no refund of fee.

**Please note anybody not accepted onto the Course will be refunded in full**



**EVERTON SA EASTER COURSE**  
**APPLICATION FORM**

**I WISH TO BE CONSIDERED FOR THE EVERTON SA  
EASTER COURSE 2013.**

**NAME.....**

**ADDRESS.....**

**D.O.B.....M/F.....**

**Squad/Group/Club.....**

**PARENTS SIGNATURE IF UNDER 16 \_\_\_\_\_**

**Email addressõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ .**

## PARENTS/GUARDIANS/COACHES

Part of the success of the Course is parents getting involved in helping either on the catering side or getting involved with the coaches by assisting with the activities in the gym. If you would like to volunteer please indicate below the days and times you would be available. Please state what you would like to volunteer for. A volunteer duty list will be compiled and placed in the dining area at the venue. Swimming coaches will be directed by the Course Director.

Parents we also rely on supplies of homemade cakes and goodies each day so if you can assist please let us know below  
Thanks

FRI		SAT		SUN		MON	
am	pm	am	pm	am	pm	am	pm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timekeepers							
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

I WOULD LIKE TO VOLUNTEER FOR?

**MEDICAL FORM**

Please complete the following details, no swimmer will be allowed to take part in the Easter Course unless we have a fully completed medical form:

**NAME** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **TEL. NO.** \_\_\_\_\_

Should we be unable to contact a parent on the above number please let us have details of a person who we can contact that could act on behalf of the parents:

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **EMERGENCY TEL.NO** \_\_\_\_\_

**DOCTORS NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **TEL. NO.** \_\_\_\_\_

DOES THE SWIMMER SUFFER FROM ANY MEDICAL CONDITIONS, ALLERGIES OR ARE THERE ANY OTHER DETAILS YOU FEEL WE SHOULD KNOW ABOUT?

**I confirm that** \_\_\_\_\_ **is able to take part in the Easter Training Course.**

\_\_\_\_\_ **signed parent/guardian**

**PLEASE DON'T FORGET THE STAMPED SELF ADDRESSED ENVELOPE, REQUIRED WITH ALL APPLICATIONS EVEN THOSE HAND DELIVERED.**