



# U.S. MASTERS SWIMMING

## Open Water Clinic with Nadine Day ILMSA Sanction #210-011S

**Location:** Shirk Center @ Illinois Wesleyan University, Bloomington, IL 61701

**Date and Time:** Saturday, March 6, 2010, 1-4:00pm.

**Fees:** \$30; checks payable to Nadine Day. Clinic is limited to 20 on a first-come, first served basis.

**Topic:** Open Water strategies, drills, and free technique

**Contact Info:** If you have questions, please contact Nadine Day, [nday@usms.org](mailto:nday@usms.org); 217-304-3395

**Nadine Day**, who is ASCA Masters certified Level 3, is a physical therapist by profession and coaches age-group, high school, masters and triathletes in Danville, IL. She has hosted a variety of swim clinics across the country. She was born and raised in Hawaii; and won the Waikiki Roughwater Swim 4 years.

**Mail form and fee to**

Open Water Clinic; Nadine Day  
3162 N Vermilion St  
Danville, IL 61832

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Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

USMS Number: \_\_\_\_\_ (Must have current 2010 USMS Membership)  
Please attach a copy of your membership card, Thank you

If you need a usms membership, sign-up online: <https://www.clubassistant.com/club/USMS.cfm?l=21>

"I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all of the risks inherent in Masters Swimming (training and competition) including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS

SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, AND ANY INDIVIDUAL OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Emergency Contact & phone number: \_\_\_\_\_