

**WHERE:** **Ohio Street Beach.** Meet along the west side railing where the bike racks and running path are.

**COST:** Register by July 4<sup>th</sup>, including at the clinic for the Early Bird Special:

\$20 per clinic, \$50 for 3 clinics, \$150: Series Pass

Register after July 4<sup>th</sup>, including same day of clinics #2-10:

\$30 per clinic, \$75 for 3 clinics, \$200: Series Pass (Registrations are non-transferrable.)

**REGISTER:** Make check out to: Marcia Cleveland. Send check & form to:

USMS OW Clinics, c/o Marcia Cleveland, 915 Pine Tree Lane, Winnetka, IL 60093.

Please specify which clinics you plan to attend, or if you don't know, indicate: "Varies"

**Chicago Open Water Swimming**  
presents a series of  
**USMS Open Water Swimming Clinics**

Ten consecutive Saturdays from July 4<sup>th</sup> to September 5<sup>th</sup>

8:00 am – 9am

At Ohio Street Beach in Chicago

This Clinic Series is sanctioned by Illinois LMSC, for United States Masters Swimming, Sanction #219-002OW

**RAIN or SHINE!** ALL LEVELS WELCOME

WE HAVE SOMETHING FOR EVERYONE FROM NOVICE TO ADVANCED!

**We will be focusing on the Big Shoulders Race & Swim Across America event**

*Are you nervous about swimming in the open water? Do you want to become a more confident racer? If so, join us for any or all of these clinics that will help you how to effectively swim in open water.*

Marcia Cleveland, USMS Open Water Chair, Coach, & Author, and several highly experienced instructors will host these training clinics, covering such topics as:

- *Getting the Right Gear & Equipment • Breathing & Sighting Techniques • Swimming in a Straight Line •*
- *Pack Swimming • Acclimation to Cold Water • Dealing with Panic • Mental Preparation & Conditioning •*
- *Starts & Finishes • Rough & Calm Water Skills and Techniques • and more!*

A beach discussion will be followed by hands-on coaching in the water. Triathletes-in-training will be given guidelines for what to expect and how to swim more efficiently in many conditions.

**To participate in these clinics, you must be a member of USMS.** The cost of an annual membership is \$35 and covers your participation in all USMS clinics and races, including Big Shoulders. Please **attach a legible copy of your 2009 U.S. Masters Swimming card with your registration form, or bring a copy to the clinic.** Cost for an annual membership is only \$35.00. If you are not yet a USMS member, you can register at a clinic or visit [http://ilmsa.com/files/membership\\_forms/IndivRegForm.pdf](http://ilmsa.com/files/membership_forms/IndivRegForm.pdf), or register online at <https://www.clubassistant.com/club/usms.cfm>.

**WHAT TO BRING:** Your bathing suit (if you plan to swim), swim cap, goggles, a wet suit if you wish, a towel, whatever else you think you need, and your enthusiasm!

For more information or Questions? Contact Marcia Cleveland 847-227-7202 or [DoverSolo@aol.com](mailto:DoverSolo@aol.com).

## Chicago Open Water Swimming

presents a series of

### USMS Open Water Swimming Clinics at Ohio Street Beach in Chicago

**On Ten consecutive Saturdays from July 4<sup>th</sup> to September 5<sup>th</sup> at 8:00 am – 9:00 am**

July 4, July 11, July 18\*, July 25, Aug 1, Aug 8, Aug 15, Aug 22, Aug 29, Sept 5

\*The clinic on July 18<sup>th</sup> will run from 7-8am due to the 8am start of Swim Across America.

Registration for: (circle ONE)	1 Clinic	3 Clinics	Season Pass (all 12)
Early Bird Special received by July 4th	\$20	\$50	\$150
After July 4th	\$30	\$75	\$200

Registrations are non-transferrable – each participant must sign up independently.

#### Clinic Registration PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_  
 Address: \_\_\_\_\_ Gender: Male Female (circle **ONE**)  
 City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_  
 USMS #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 (“Pending” if you don’t yet have a 2009 USMS number)

If you need a 2009 USMS, you can register using the form available at the clinic, at [http://ilmsa.com/files/membership\\_forms/IndivRegForm.pdf](http://ilmsa.com/files/membership_forms/IndivRegForm.pdf) or register online at <https://www.clubassistant.com/club/usms.cfm>. The annual cost for full-year membership is only \$35.00.

Emergency Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Circle your Experience Level as an Open Water Swimmer (All Welcome!) 1(low) 2 3 4 5 (high)

Significant medical conditions (i.e. seizures, diabetes, asthma, etc.): \_\_\_\_\_  
 (Further explanation is welcome on the reverse of this form)

Do you plan (or wish, hope, desire) to participate in Swim across America on July 18<sup>th</sup> or Big Shoulders on Sept 12<sup>th</sup>?  
 For more information on SAA, please contact Sue Hopkinson at [sue@swimacrossamerica.org](mailto:sue@swimacrossamerica.org). ↓  
 For more information, please contact Chris Sheean at [BigShoulders2009@yahoo.com](mailto:BigShoulders2009@yahoo.com).

On the reverse side of this page, please answer these questions and express any other thoughts you have:

*Do you have specific races and/or goals you are focusing on in swimming or triathlon?*

*Are there specific skills you would like to work on? Are you scared/anxious/etc to swim in Open Water?*

#### **RELEASE BY PARTICIPANT FROM LIABILITY**

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 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, ALBEMARLE COUNTY, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of the USMS. Finally, I specifically acknowledge that I am aware of all the risks inherent in open water swimming and agree to assume those risks.

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

DATE: \_\_\_\_\_

<input checked="" type="checkbox"/>	<b>REGISTRATION CHECKLIST</b>
<input type="checkbox"/>	Completed registration form – including Experience as an OW Swimmer CIRCLED ABOVE
<input type="checkbox"/>	Copy of 2009 USMS card, current 2009 USMS member number, or same day USMS registration.
<input type="checkbox"/>	Fee payable “Marcia Cleveland” (Early Bird Special Deadline: Received by July 20 <sup>th</sup> )
<input type="checkbox"/>	Release SIGNED ABOVE

**Please double-check the checklist to ensure that your registration is complete!!**

**Only those registrations received by July 4<sup>th</sup> are eligible for Early Bird Rates.**

**Mail your registration to: USMS Open Water Clinics, c/o Marcia Cleveland, 915 Pine Tree Lane, Winnetka, IL 60093**