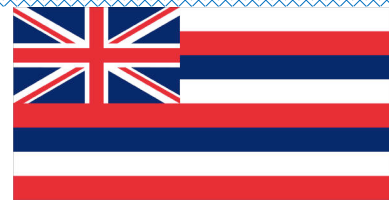




HAWAIIAN SWIMMING

Hawaii Tour of Champions Swim Clinic



Sun Sept 18, 2011 Kihei Aquatic Center
Hosted by MAGSA & Hawaii Swim Club

Sanctioned by: USA Swimming and Hawaiian Swimming
Sanction No: Pending
Entry Deadline: Sunday, September 18, 2011 - 12:00 PM
Registration Deadline: Mail by Sun Sept 11, 2011. Else 9/17

Clinic Director: Reid Yamamoto (808)357-0883 speedoswim@aol.com
Clinic Organizer: Reid Yamamoto (808)357-0883 speedoswim@aol.com

2008 Olympic Breaststroker for USA

Eric Shanteau

VENUE: Kihei Aquatic Center. 303 E. Lipoa St., Kihei, Maui.

COURSE: 8 lane, 50m x 25yd facility with bulkhead set at 25 yd. Depth 6'7" shallow starting end, 8' at deep end. 25 yd lanes in deep end of pool (no diving permitted), and 25yd warm-up pool 3½-4' depth (no diving permitted). The Shallow racing course shall be used for the clinic.

DATE & TIME: Sunday, September 18. Check-in 10-11am. Clinic 11-am-2pm.

FORMAT: This is a swim clinic hosted by Olympian Eric Shanteau.

This Clinic Is For All Swimmers Ages 8 & Up.
Instruction will include:

- ✚ In-Water Demonstration
- ✚ Mental Preparation
- ✚ Overcoming Adversity
- ✚ Dryland Training Tips
- ✚ Find out how Eric overcame personal illness.

EVENT SCHEDULE: see the flyer with list of agenda and activities will be at meets and posted at www.maidolphins.org/results.htm more info about the clinic in Hawaii at www.hawaiitourofchampions.com

ELIGIBILITY: All athletes MUST be currently USA Swimming registered and their registration number must be included on the entry form.

ENTRY LIMITS: A maximum of 100 swimmers will be allowed to attend ... based on the first to register. The clinic is for all USA-Swimming swimmers ages 8 & up.

ENTRY REQUIREMENTS: Swimmers must be currently registered with USA-Swimming and the entry form must be filled out and signed by athlete (if 18 or older) or responsible parent/guardian (form on page 2).

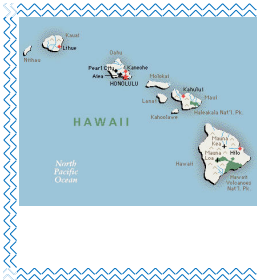
ENTRY PROCEDURES: Entries must be RECEIVED NO LATER than the entry deadline.

ENTRY FEES: \$30 per registered swimmer up to September 17, \$35 event day (there may be a "facility fee" to cover the Maui County fee for use of the facility divided evenly between entrants). **Payment must be made by check** for tracking purposes. Submit payment to your club MAGSA Rep or coach **payable to MAGSA.**

HOSPITALITY: Refreshments will be available for Coaches & Officials during the clinic.

ADDITIONAL INFORMATION: USE OF CELL PHONES, CAMERAS, AND OTHER RECORDING DEVICES IN BATHROOMS, LOCKER ROOMS, AND CHANGING AREAS IS STRICTLY PROHIBITED.

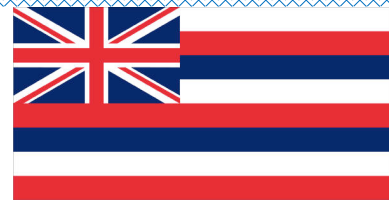
Registration Form on page 2



HAWAIIAN SWIMMING

Hawaii Tour of Champions

Swim Clinic



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Hosted by MAGSA & Hawaii Swim Club

HAWAII TOUR OF CHAMPIONS AND HAWAII SWIM CLUB REGISTRATION AND WAIVERS

Instructions: All forms should be reviewed by athlete or guardian with sufficient time for him/her to read and digest its contents before signing,

Liability & Medical Waiver

If I am injured while participating in programs at Hawaii Swim Club Aquatic Center (Club), (1) I and my family agree to waive any legal claim against the 'Kihei Aquatic Center(Facility Owner), Hawaii Swim Club, Hawaii Tour of Champions (promotional partner) their coaches, members, partners or affiliates, and those associated with the facility, club, or promotional partner (2) I give consent for Hawaii Swim Club (Club) and staff at Kihei Aquatic Center (Facility) to provide medical/athletic-training attentions, transportation and emergency medical services as warranted.

By signing this release, I swear that I am in good physical condition and I am not aware of any disease or injury that would result in my being injured during any program participation.

If I am less than 18 years of age or a minor under the laws of the state where I live, my parent or guardian shall sign this release with me.

Image Release

I do hereby consent and agree that Hawaii Tour of Champions, its employees, subsidiaries, sponsors including but not limited to, Hawaii Swim Club, 'Iolani Swim Club, Aqua Resorts, USA Sports Clinics, MAGSA, PureSport or agents, have the right to take photographs, videotape, or digital recordings of me today and to use these in any and all media, now or hereafter known, and exclusively for their purposes. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to Hawaii Tour of Champions, its agents, sponsors, employees, and subsidiaries, all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I also understand that Hawaii Tour of Champions and it's affiliates are not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

If I am less than 18 years of age or a minor under the laws of the state where I live, my parent or guardian shall sign this release with me.

WAIVER SIGNATURES & REGISTRATION INFORMATION

Participant Printed Name _____ USAS Swimming Reg. # _____

Participant Signature (if over 18) _____

Guardian Signature on behalf of Participant _____

If Guardian, relationship to Participant? _____

Sex: M F Birth date: ___/___/___ Home Team: _____

Emergency Contact: Home Phone: _____ Cell: _____

Relationship of Emergency Contact to Swimmer _____ E-mail: _____

----- Below this line for Official Use only -----

Received by _____