

SWIMMING CLINIC

For ages 8-14 years old



Swimming Clinic

**The Swimming Clinic runs from *June 15th to July 3rd, 2015*
Monday to Friday from 9:30am to 2:30pm**

This Summer, KIS International School will offer students three weeks of Swimming Clinic, full of experience and skills development for children aged between 8-14 years old or RG3-RG6. The KIS Swimming Clinic is led by Coach Peter Cseri from PB Corners Co., Ltd. along with his assistant coaches. We strive for all swimmers to discover a holistic approach to competitive swimming by offering a proven, world class programme that promotes superior mental and technical abilities.

With an emphasis on improving the often-overlooked yet fundamental skills of starts, turns and finishes, swimmers attending the camp will learn how to respect and improve their relationship between their mind, body and the water.

What will swimmers learn at the Swimming Clinic?

Swimming Clinic helps to develop the student's stroke techniques in all of the 4 strokes, improve their swimming skills by focusing on one stroke each day. We offer different activities through water games, aerobe/anaerobe training, vital capacity training and introducing water polo.

Coach Profile



Peter Cseri (Coach Peter)

Coach Peter is the founder/owner PB Corner Co., Ltd. He holds a Bachelor of Science in Recreation and Health Develop, as well as a Master's of Science in Physical Education and Recreation. With 14 years of teaching experience to children between the age of 2 and 18 in Hungary, as well as in Bangkok, he is an experienced and qualified swimming instructor with a professional athlete career as in being selected sportsman on the Hungarian Junior National Team. He has been teaching P.E. and swimming in numerous international schools in Bangkok, and has held an active role as an organizer of sporting events. Peter is dedicated to creating and helping nurture his lifelong passion for health and fitness that will enhance children's well-being and directly impact their academic success.

Programme Fee (Register by May 15th only)

Session	KIS Students	Non-KIS Students
3 Weeks	฿15,500	฿17,500
Weekly	฿7,000	฿9,000



2015 Registration Contract

For Swimming Clinic

KIS International School

Please complete this form on both sides and return it with your payment to Khun Kwang at the School Finance Office, Secondary School Building. For non KIS students, the Authorization and Emergency Medical Treatment forms must also be returned together with this form.

Student's Data

First Name: _____ Surname: _____ Nickname: _____

Gender: _____ Age: _____ Date of Birth (DD/MM/YYYY): _____

Current School: _____

Current Address: _____

Please circle T-shirt Size (chest measure in inches): 34 36 38 40 42 44

Parents' Data

Parent 1 (Mr./Mrs./Ms.): _____ Relationship to student: _____

Email: _____

Primary Contact Number: _____ Secondary Contact Number: _____

Parent 2 (Mr./Mrs./Ms.): _____ Relationship to student: _____

Email: _____

Primary Contact Number: _____ Secondary Contact Number: _____

Swimming Clinic (RG3 – RG9)	<input type="checkbox"/> I would like to enroll my child for the whole 3 week sessions.
	<input type="checkbox"/> I would like to enroll my child for a weekly basis. The week(s) that I would like my child to attend is/are:
	<input type="checkbox"/> Week 1: June 15 th – June 19 th
	<input type="checkbox"/> Week 2: June 22 nd – June 26 th
	<input type="checkbox"/> Week 3: June 29 th – July 3 rd

Transportation

Do you require transportation for your child? *(If the box is ticked, our transportation staff will contact you for more details)*

I have read and I agree to abide by the terms and conditions of the enrollment and payment as stated in the programme booklet. By accept the information provided on the booklet, I agree to my child (named above) participating in KIS Swimming Clinic running between June 15th-July 3rd, 2015, during 9:30am.-2:30pm. This includes short trips to Kesinee Fitness on June 16th, June 23rd, and June 30th; as well as the pool party celebration on July 3rd. In the event of injury to my child or damage to the property of my child while he or she is participating in such activities, or while on the school premises or being transported to or from the school, I will not hold the School or any member of the School staff responsible. I understand that the School will make every effort to contact the parents in the event of an emergency but if this is not possible the school has my permission to take my child to either his/her family doctor, or to a suitable hospital for treatment.

Signature of Parent/Guardian _____ Date _____



For Non KIS
Students ONLY

2015 Dismissal Authorization Form

For Basketball Clinic

KIS International School

Student's Name _____

Dismissal

RG3-RG6

RG3-RG6 students are required to have a designated adult to sign them out at the end of the day, 14:30. Please indicate by ticking in the box below the pick-up person (can be more than one);

- Parents only
- Guardian (name) _____
- Nanny (name) _____
- Other (please specify) _____

RG7-RG9

RG7-RG9 received a privilege to sign themselves out at the end of the day, 14:30.

Photographic Release

Submission of this contract grants the School permission for employees and authorized students to use, without compensation, photographs of the enrollees named herein in publications and other institutional and promotional programmes. Parents wishing to delete this clause may do so by crossing out this paragraph and initialing the change.

Signature of Parent/Guardian _____ Date _____

Parent/Authorized Guardian's Name in Print _____



**For Non KIS
Students ONLY**

2015 Emergency Medical Treatment Form

First Name:

Surname:

Nickname / Informal Name: Gender:

Parent 1 (Mr./Mrs./Ms.)

Relationship to student: Email:

Work Phone: Mobile Phone:

Home Phone:

Parent 2 (Mr./Mrs./Ms.)

Relationship to student: Email:

Work Phone: Mobile Phone:

Home Phone:

Health Conditions

Does your child have physical needs or limitations of which the School should be aware of?

No Yes, please explain

Allergies

Does your child have any allergies? (insect, animals, food, medicine, pollen, other)

What are the symptoms?

What is the treatment or medication required?

Medication

Does your child take any medications? If yes, which one and when?

All medications must be handed directly to our school nurse at the nurse room with clear instructions. All medications required to take during staying in School will require to be administered by school nurse.

Emergency Contact

In case of medical emergency please provide the names of two individuals to call when parents cannot be reached.

1. Name Phone

2. Name Phone

Preferred hospital (please select one from below)

Phraram 9 Hospital Bangkok General Hospital Samitivej Sukhumvit Hospital Bumrungrad Hospital

In the event that my child becomes ill or is involved in an accident and I cannot be reached, I authorize KIS International School personnel or chaperones to obtain the necessary medical treatment. I accept responsibility for any necessary expense incurred in such medical treatment.

Signature of Parent/Guardian _____ **Date** _____