

Introductory Clinics – Sat July 29, & Sun July 30, 2017
Earn CALA, BCRPA, ALFCA & canfitpro CECs
 Presented by CALA Founder and President Charlene Kopansky



Host Facility: Barrhead Regional Aquatic Centre, Barrhead, AB.

INTRO TO GROUP AQUAFITNESS SPECIALTY CLINIC – July 29th 9AM-6PM

The Canadian Aquafitness Leaders Alliance provides **top-notch training** and access to up-to-date information for fitness professionals in one on one and group settings. In this basic training clinic, participants will learn about the CALA Bank of Movements, Participant Safety, Use of Music, Class Design, Instructor Safety and Effective Communications. This clinic is based on **practical application of theory** using an **integrative approach to learning**.

INTRO TO HYDRORIDER SPECIALTY CLINIC- July 30th 8:30AM-5:30PM

Don't miss this fabulous new twist on Vertical Water Training. We're talking cycling in water on a stainless steel bike! This high quality bike is easy to maneuver into and out of the water and will add a brand new dimension to cross training and programming in the pool. Designed for athletes, recreational cyclists, pleasure riders and aquatic post rehab clients, this activity has the potential to excite, motivate and meet the needs of all sorts of people. Whether or not your facility has these bikes, come and have some fun pumping the pedals and satisfying your curiosity!

WHERE: Barrhead Regional Aquatic Recreation Centre. Address: 5607-47 Street, Barrhead, AB

FLEXIBLE AGENDA : **Agenda is subject to change*

July 29 – Intro to GAF Clinic - Pool Time : 10am-12pm & 3:30pm-5:30pm (includes 1 hr break)
 Integrating Community Class from 11:15am-12pm & 4:45pm-5:30pm

July 30- Intro to HRider Clinic- Pool Time : 10am-11:30am & 3pm-5pm (includes 1 hr break)

(Per Clinic) **CALA Member:** \$160 + tax ; **NON Member:** \$180 + tax ; **Barrhead Staff :** \$100 + tax

TO REGISTER: CALL CALA AT 1-888-751-9823 or email at cala_aqua@mac.com!

Name: _____

Address: _____

City: _____ Tel. (h): _____

Province: _____

Postal: _____ Tel. (w): _____

Email: _____ Cell: _____

VISA MasterCard E-Transfer Amount Pd: \$ _____ (See above for correct fee option)

Card # _____ Expiry _____

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REGISTER BY PHONE 1-888-751-9823 OR EMAIL CALA cala_aqua@mac.com

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