



Summer 2019 "Learn to Swim" Program with the Stone Crabs Swim Team!

1085 Crane Crest Way, Orlando, FL, 32825
407-282-4970

stonecrabs@aol.com
www.StoneCrabsSwimTeam.com



The Stone Crabs Swim Team offers both Private and Group Lessons:

Private Lessons – morning and afternoon – are available upon request. Contact Coach Ann Stone (StoneCrabs@aol.com).

Group Lessons are 30 minutes in length, 8 classes per session.

- *Payment Options:* Personal check (made out to: Stone Crabs Swim Team), PayPal, or CASH.
- *Mail form to:* Stone Crabs Swim Team, 1085 Crane Crest way, Orlando, FL 32825 **OR** turn into Fitness Office.
- **No refunds. Payment is due no later than 1st class.**

Group Lessons Location: Stoneybrook East Pool (14351 Stoneybrook Blvd, Orlando, FL 32828)

Select Session, Class Time, and Payment Option, complete the form at the bottom of the page, and include payment when submitting:

- ☐ **SESSION 1: JUNE 3, 4, 6, 10, 11, 13, 17, 18**
☐ 9:15 AM ☐ 4:30 PM ☐ 5:30 PM ☐ 6:30 PM ☐ 7:00 PM
☐ Stoneybrook Resident \$90 ☐ Pay Pal \$95 ☐ Non-Stoneybrook Resident \$110 ☐ Pay Pal \$115
- ☐ **SESSION 2: JUNE 24, 25, 27, JULY 8, 9, 11, 15, 16**
☐ 9:15 AM ☐ 4:30 PM ☐ 5:30 PM ☐ 6:30 PM ☐ 7:00 PM
☐ Stoneybrook Resident \$90 ☐ Pay Pal \$95 ☐ Non-Stoneybrook Resident \$110 ☐ Pay Pal \$115
- ☐ **SESSION 3: JULY 22, 23, 25, 29, 30, AUGUST 1, 5, 6**
☐ 9:15 AM ☐ 4:30 PM ☐ 5:30 PM ☐ 6:30 PM ☐ 7:00 PM
☐ Stoneybrook Resident \$90 ☐ Pay Pal \$95 ☐ Non-Stoneybrook Resident \$110 ☐ Pay Pal \$115

Child's Name: _____ Date of Birth: _____

Mother's Name: _____ Phone #: _____

Father's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Child's School: _____

Emergency Contact: _____ Phone #: _____

Child's Medical Complications/Allergies: _____

I/we the parent(s) of the above named, hereby give my/our approval for the same to participate in any and all **STONE CRABS SWIM TEAM** activities. I/we agree to hold harmless **Stone Crabs Swim Team** and its representatives for any claims of injury except to the extent covered by accident or liability insurance.

Mother's/Guardian's Signature: _____ Date: _____

Father's/Guardian's Signature: _____ Date: _____

- Please make all checks payable to: **Stone Crabs Swim Team** – You may also pay via PayPal (stonecrabs@aol.com) or by CASH