ř*********** 2020 STONE CRABS SWIM TEAM SUMMER SWIM CAMP PROGRAMS

Mail registrations to: 1085 Crane Crest Way, Orlando, FL, 32825 or Email registrations to: stonecrabs@aol.com www.StoneCrabsSwimTeam.com

·*******

SWIM CAMP ACTIVITIES: Development of swimming skills- novice level through advanced age group/senior swimmers. Swimmers are divided into groups: Novice level swimmers learn how to swim! Intermediate and Advanced swimmers develop their freestyle, backstroke, breaststroke and butterfly strokes. Experienced age group team swimmers utilize a wide variety of drills to further improve their stroke technique. Racing dives, flip turns, stroke development and speed work! LOTS of water games & LOTS of fun. Camp is open to all school aged children – preshool through high school. Experienced age group/senior high school. Experienced age group/senior nutritional snacks. In the case of inclement weather, indoor activities are held during camp hours- water safety, games, and race analysis. Parents are requested to pick up campers promptly at 4PM. Registration forms may be mailed to the above address or turned into the Recreation Director at the Fitness Center Office. No refunds.

Summer Swim Camp at Stoneybrook: 1:00 PM - 4:00 PM

	esidents and Team Members \$115, All Others		
elect which camp week(s) your on the submitting the submitted submitted the submitted submi	child will be attending and payment, completog:	e the form at the bottom of the page,	
□ J(NE 8 − 11 □ JUNE 15 − 18 □ J JLY 6 − 9 □ JULY 13 − 16 □ J	ULY 20 – 23	
	☐ JULY 27 – JULY 30 ☐ AUGUS	13-6	
☐ Stoneybrook Resident or Team	Member \$115 ☐ Non-Stoneybrook Resident	or Non-Team Member \$135	
Child's Name:		Date of Birth:	
Mother's Name:		Phone #:	
-ather's Name:		Phone #:	
Address:	City:	State: Zip:	
E-Mail Address:	Child's School:	Grade: Age:	
		Phone #:	
Emergency Contact:			
-mergency Contact:	gies:		
child's Medical Complications/Aller /we the parent(s) of the above name	gies:ned, hereby give my/our approval for the same to o hold harmless Stone Crabs Swim Team and its	p participate in any and all STONE CRAB	
Thild's Medical Complications/Aller /we the parent(s) of the above names with the parent of the above names with the parent of the above names with the extent covered by according to the ext	gies:ned, hereby give my/our approval for the same to o hold harmless Stone Crabs Swim Team and its	o participate in any and all STONE CRAB s representatives for any claims of injury	
