

SUNDAY, APRIL 27, 2008 8:00AM TO 1:00 PM FAIRLAND AQUATIC CENTER

~Open to the first 50 applicants ages 9-12 who have at least 2 BB Cuts~ (Age is as of April 27, 2008)

\$20 Registration Fee

Lunch, snack, T-shirt and other goodies will be provided

Registration deadline is Saturday, April 19th

Athletes should bring practice suit, cap, towel, water bottle and goggles.

Please do not wear your team suit.

Tentative Schedule:

7:30-8:00 Sign In

8:00-9:00 Classroom activities

9:00-11:00 Pool Activities

11:00-12:30 Classroom activities, lunch, video

12:30-1:00 Wrap up and dismissal

Topics included are:

Stretch cord activities in water

Stroke cycle Strong kicking

Stroke Rate, breakout distance, underwater kicking

Practicing with a purpose

Goal Setting (short term/long term)

Schedule and Topics may change slightly due to coaches' schedules.

PVS CATCH THE SPIRIT CAMP ATHLETE APPLICATION

Sunday, April 27, 2008

8:00am to 1:00pm at Fairland Aquatic Center

Name				IV	ıaıe	Female
Last Address		First	MI			
Nun	nber / Street		City	State	Zip Code	_
Birth date		U:	SA Swimming re	egistered athle	ete? Y	N
USA registra	ition numbe	er:				
T-Shirt Size	(please circle)	Adult Small	Adult Med	Adult Lge	Adult XL	ge
Club Name ₋			_ Club Coach ₋			
have aged up	since JOs y		s in the age group e for this camp. Li			of 2008 JOs. If you you have BB
EVENT	TIME	EVENT	TIME	EVENT	TIME	Ξ
					- <u></u>	
from 8:30-1 website for either clinic	o offering t 0:30 and a more infor	a Stroke and T	urn Clinic will be indicate below	be from 10:3 w if you wou	0-12:00. \$ ld like to \$	
Clinic (circle	•	Starter ::30-10:30	Stroke an 10:30-12:			
Any med	ical cons	siderations/	Allergies:			
Please fill ou	it and mail	the application,	medical informa	T: P 3:	erri Marlir VS Camp 212 Allnes	Coordinator

If you have any questions you can reach me at: camp@pvswim.org or 571-334-0871

PVS CATCH THE SPIRIT CAMP ATHLETE APPLICATION

Sunday, April 27, 2008 8:00am to 1:00pm at Fairland Aquatic Center

Swimmer information											
Last	First	Middle		Date	e of Birth						
Parent / Guardian Contact											
Last	First	Middle		Tel	ephone						
			Home								
Address			Work								
			Other								
			Other								
Non-Parent Emergency Contact Information											
Name		Relationship	Telephone								
Medical Insurance Information											
Medical Coverage Provider	Policy #	Group #	Subscrib	er#							
Permission to dispense:											
Aspirin Yes	Tylei	nol Yes	No								
165	INO	165	NO								
Please note that our child is allergic to the following:											
Please note that our child is allergic to the following:											
List all madications and dos	sage that your shild	takaa an a dailu	haaia								
List all medications and dos	sages that your child	takes on a daily	basis: _								
I/we acknowledge that our child will be representing PVS, and as such will follow all guidelines											
and codes of conduct established by Potomac Valley Swimming. We further acknowledge that											
if our child violates one of the rules of the code of conduct he/she has the right to ask for a											
hearing before any discipline action is taken.											
I, the undersigned parent/guardian, hereby authorize and agree to allow the necessary medical											
services to be administered											
			aree to b	oe re	sponsible for the						
if I cannot be contacted in the event of an emergency. I further agree to be responsible for the payment of emergency services not covered by my insurance.											
1 - y											
Signature of Parent Date											
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