



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 19<sup>th</sup>

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.

Sponsored by Potomac Valley Swimming

PVS CATCH THE SPIRIT CAMP ATHLETE APPLICATION

Sunday, April 27, 2008

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

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Number / Street City State Zip Code

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Birth date \_\_\_\_\_ USA Swimming registered athlete? Y N

USA registration number: \_\_\_\_\_

T-Shirt Size (please circle) Adult Small Adult Med Adult Lge Adult XLge

Club Name \_\_\_\_\_ Club Coach \_\_\_\_\_

**You must have a minimum of 2 BB times** in the age group you were on the first day of 2008 JOs. If you have aged up since JOs you are still eligible for this camp. List up to 6 events in which you have BB times, but you must list a minimum of two.

EVENT	TIME	EVENT	TIME	EVENT	TIME
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Lunch and snacks will be provided. If you have specific dietary concerns please let the Camp Director know.

**OFFICIALS CLINIC:**

We are also offering two Officials clinics during the camp. A Starter Clinic will be offered from 8:30-10:30 and a Stroke and Turn Clinic will be from 10:30-12:00. See the PVS website for more information. Please indicate below if you would like to sign up for either clinic.

Name: \_\_\_\_\_ Club: \_\_\_\_\_

Clinic (circle one) Starter 8:30-10:30 Stroke and Turn 10:30-12:30

**Any medical considerations/Allergies:** \_\_\_\_\_

Please fill out and mail the application, medical information and check to:

**Terri Marlin**  
**PVS Camp Coordinator**  
**3212 Allness Lane**  
**Herndon, Virginia 20171**

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

