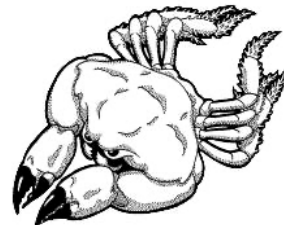




2026 “Learn to Swim” Program with the Stone Crabs Swim Team!

407-766-8198 | stonecrabs@gmail.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@gmail.com).
- **Group Lessons** are 30 minutes in length, 8 classes per session, limited to 6 children per class.
 - *Payment Options:* Personal check (made out to: Stone Crabs Swim Team), Venmo (@stonecrabs), 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 (30min Class): MAY 5, 7, 12, 14, 18, 21, 26, 28**
☐ 5:00 PM ☐ 5:30 PM ☐ 6:00 PM
☐ Stoneybrook Resident \$125 ☐ Non-Stoneybrook Resident \$135
- ☐ **SESSION 2 (30min Class): JUNE 1, 2, 4, 8, 9, 11, 15, 16**
☐ 10:00 AM ☐ 4:30 PM ☐ 5:00 PM ☐ 5:30 PM
☐ Stoneybrook Resident \$125 ☐ Non-Stoneybrook Resident \$135
- ☐ **SESSION 3 (30min Class): JUNE 22, 23, 25, JULY 6, 7, 9, 13, 14**
☐ 10:00 AM ☐ 4:00 PM ☐ 5:00 PM ☐ 6:00 PM
☐ Stoneybrook Resident \$125 ☐ Non-Stoneybrook Resident \$135
- ☐ **SESSION 4 (30min Class): JULY 20, 21, 23, 27, 28, 30, AUGUST 3, 4**
☐ 10:00 AM ☐ 4:30 PM ☐ 5:30 PM ☐ 6:00 PM ☐ 6:30 PM
☐ Stoneybrook Resident \$125 ☐ Non-Stoneybrook Resident \$135
- ☐ **SESSION 5 (30min Class): AUGUST 17, 18, 20, 24, 25, 27, 31, SEPTEMBER 1**
☐ 10:00 AM ☐ 4:30 PM ☐ 5:30 PM ☐ 6:00 PM ☐ 6:30 PM
☐ Stoneybrook Resident \$125 ☐ Non-Stoneybrook Resident \$135

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 by CASH or Venmo (@stonecrabs).