



2018 "Mommy & Me" Classes with the Stone Crabs Swim Team!



1085 Crane Crest Way, Orlando, FL, 32825

407-282-4970

stonecrabs@aol.com

www.StoneCrabsSwimTeam.com

Each lesson is 30 minutes in length, 8 classes per session (**Minimum 3 children pre-registered, payment included**).

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 Center Office

No refunds. Payment is due no later than 1st class.

"Mommy & Me" classes are set to a combination of cheerful music and positive coaching from a qualified swimming instructor. A parent, grandparent, aunt, uncle, friend, nanny, etc. is in the water with the child assisting them in learning how to swim under the direct guidance of the instructor. This is an excellent alternative method of learning how to swim

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

MARCH and APRIL CLASSES will be AVAILABLE if pool is warm enough for classes.

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

SESSION 1: MAY 1, 3, 8, 10, 15, 17, 22, 24

10:00 AM 7:00 PM

Stoneybrook Resident \$90 Pay Pal \$95 Non-Stoneybrook Resident \$110 Pay Pal \$115

SESSION 2: JUNE 4, 5, 7, 11, 12, 14, 18, 19

9:00 AM 7:00 PM

Stoneybrook Resident \$90 Pay Pal \$95 Non-Stoneybrook Resident \$110 Pay Pal \$115

SESSION 3: JULY 9, 10, 12, 16, 17, 19, 23, 24

9:00 AM 7:00 PM

Stoneybrook Resident \$90 Pay Pal \$95 Non-Stoneybrook Resident \$110 Pay Pal \$115

SESSION 4: JULY 30, 31, August 2, 6, 7, 9, 13, 14

9:00 AM 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