2024 STONE CRABS SWIM TEAM SUMMER SWIM CAMPS

407-766-8198 • stonecrabs@gmail.com • www.StoneCrabsSwimTeam.com

SWIM CAMP ACTIVITIES: Development of swimming skills- novice level through advanced age group/senior swimmers. Swimmers are divided into groups: <u>Novice level</u> swimmers learn how to swim! <u>Intermediate and Advanced level</u> swimmers develop their freestyle, backstroke, breaststroke and butterfly strokes. <u>Experienced age group team</u> 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 and teenagers. <u>Campers are</u> <u>asked to bring plenty of drinks to camp each day, as well as healthy nutritional snacks.</u> 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. We do offer an All-Day Camp option as well.

Registration forms may be mailed Stone Crabs Swim Team, 1085 Crane Crest Way, Orlando, FL 32825 OR turned into the Recreation Director at the Fitness Center Office. No refunds.

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

Camp Location: Stoneybrook East Pool, 14351 Stoneybrook Blvd., Orlando, 32825 Swim Camp Fee: Stoneybrook Residents and Team Members \$125, All Others \$140 All-Day Camp Fee: Stoneybrook Residents and Team Members \$200, All Others \$225

Select which camp week(s) your child will be attending and payment, complete the form at the bottom of the page, and include payment when submitting:

□ JUNE 3 – 6 □ J	IUNE 10 – 13 🛛 🗆 JU	JNE 17 – 20		
□ JUNE 24 – 27 [🗆 JULY 8 – 11 🛛 🕁	ULY 15 – 18		
🗆 JULY 22 – 25 🛛 JUL	Y 29 – AUGUST 1	🗆 AUGUST 5 – 8		
Stoneybrook Resident or Team Member	<u>Non-Stoneybrook Re</u>	sident or Non-Team M	ember	
🗆 Swim Camp Only - \$125	Swim Camp Only -	- \$140		
□ All-Day Camp (9:00 AM – 4:00 PM) - \$200.	🗆 All-Day Camp (9:0	0 AM – 4:00 PM) - \$22	5	
Child's Name:		Date of Birth:		
Mother's Name:		Phone #:		
Father's Name:		Phone #:		
Address:	City:	State:	Zip:	
E-Mail Address:	Child's School:		Grade:	Age:
Emergency Contact:		Phone #:		
Child's Medical Complications/Allergies:				
I/we the parent(s) of the above named, hereby give my/our TEAM activities. I/we agree to hold harmless Stone Crabs Sv extent covered by accident or liability insurance.				
Mother's/Guardian's Signature:		D	ate:	
Father's/Guardian's Signature:		D	ate:	

• Please make all checks payable to: Stone Crabs Swim Team – You may also pay by CASH or Venmo (@stonecrabs).