



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 **extended until Thursday, April 24th**

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 or 571-334-0871

