

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
10.00 1.00	Wron up and diaminal

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.

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 / Stre			ity State	Zip Code			
E-mail		Phor	ne				
Birth date		USA Swimming	registered ath	lete? Y	Ν		
USA registration nu	mber:						
T-Shirt Size (please ci	rcle) Adult Smal	I Adult Med	Adult Lge	Adult XL	.ge		
Club Name		Club Coach	I				
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	E EVENT	TIME	EVENT	TIMI	E		

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
 Stroke and Turn

 8:30-10:30
 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

PVS CATCH THE SPIRIT CAMP ATHLETE APPLICATION Sunday, April 27, 2008 8:00am to 1:00pm at Fairland Aquatic Center

•	Swimmer information							
First	Middle		Date of Birth					
Parent / G	Buardian Contact							
First	Middle		Telephone					
		Home						
		Work						
		Other						
		Other						
Non-Parent Emerg	ency Contact Information		·					
Name		Telephone						
Medical Insurance Information								
Policy #	Group #	Subscriber #						
	Parent / G First Non-Parent Emerg	Parent / Guardian Contact First Middle Non-Parent Emergency Contact Information Relationship Medical Insurance Information	Parent / Guardian Contact First Middle Home Vork Other Other Other Non-Parent Emergency Contact Information Relationship Telephon Medical Insurance Information					

Permission to dispense:

Aspirin			Tylenol	
·	Yes	No	Yes	No

Please note that our child is allergic to the following:

List all medications and dosages that your child takes on a daily basis:

I/we acknowledge that our child will be representing PVS, and as such will follow all guidelines and codes of conduct established by Potomac Valley Swimming. We further acknowledge that if our child violates one of the rules of the code of conduct he/she has the right to ask for a hearing before any discipline action is taken.

I, the undersigned parent/guardian, hereby authorize and agree to allow the necessary medical services to be administered to my son/daughter ______,

if I cannot be contacted in the event of an emergency. I further agree to be responsible for the payment of emergency services not covered by my insurance.

Signature of Parent

Date