

EMERGENCY CONTACT:

Swimmer: _____

List any medical conditions:
(allergies, asthma, etc...)

***If a parent/guardian is not available
in an emergency, please contact:***

Name _____

Phone _____

Family Physician _____

Phone _____

Parent/Guardian

Date

Coach Lori Peters
Director Cyclone Swim Camp
1335 Washington Street
Watertown, NY 13601

**WATERTOWN
HIGH
SCHOOL**

*19th Annual
Competitive
Swimming
Developmental
Clinic*



*Session 1: July 15—19
Session 2: July 22—26*

2019



CYCLONE SWIMMING

Place:

Watertown High School Pool

Dates:

Session 1: July 15—19

Session 2: July 22—26

Time:

4:30-6:30 p.m.

Registration Fee Per Session

\$65 per swimmer

(includes clinic shirt)

Make checks payable to:

WCSD Swim Clinic

c/o Lori Peters

1335 Washington Street

Watertown, NY 13601

Please register as soon as possible-space is limited to 42 swimmers each session

Any questions please call:

785-3833

Clinic Coaches:

Lori Peters

Katie Kimball

Emily Soderquist

Kathy DeFoe

Ashley Burke

Rebecca Wright

Lauren Hardwick

Tom Graban

Brooke Peters

Prerequisite:

A swimmer must be equivalent to or higher than an American Red Cross Level 4 as well as, have had experience with the Freestyle, Backstroke, Butterfly & Breaststroke

Clinic Schedule:

Each day will consist of concentration on one of the four main competitive strokes, including skills for starts, turns, and finishes. There will also be instruction on the individual medley, relays, and proper nutrition.

2019

Swim Camp Application

Circle one:

Session 1—\$65

Session 2—\$65

Both—\$120

Swimmers' Name: _____

Parent/Guardian: _____

Address: _____

Phone: _____

E-mail: _____

Age: _____

Grade: _____

School: _____

Long Sleeve Shirt size:

(circle one)

Youth sizes

YS YM YL

Adult sizes

S M L XL 2XL