



Pocono Family YMCA Competitive Swim Camps

For any swimmer who is able to swim 100 yards and has competitive swimming experience.

- Session 1 – 8/4-8/8 @ Dansbury Park, E. Stroudsburg - 8am – 1pm
- Session 2 – 8/11-8/15 @ Lehman Intermediate School, Bushkill – 8am – 4pm
- Session 3 – 8/18-8/22 @ Lehman Intermediate School, Bushkill – 8am – 4pm

Learn proper competitive stroke technique, & development goal setting techniques.

Lunch on Friday provided by Kasas Pizza (Monday – Thursday bring a bag lunch)

DVD of each swimmer with coach comments and tips will be provided.

Save when you sign up for multi-sessions!

Fees:

Session 1 \$95 Members \$120 Non Member	Sessions 2 or 3 \$115 Members \$140 Non Member	Sessions 1 & 2 or Sessions 1 & 3 \$170 Member \$215 Non Member	Sessions 2& 3 \$190 Member \$235 Non Member	All 3 Sessions BIG SAVINGS! \$255 Member \$295 Non Member
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For more info. Go to the Pocono Piranhas Swim Team Web Site WWW.PFYSWIM.ORG

Pocono Family YMCA Competitive Swim Camp (DAY CAMP)

First Name _____ MI _____ Last Name _____

Birth Date _____ Sex _____ Phone # _____ or _____

Emergency Phone _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Brief medical history: (allergies, physical impairments, or any information that may be helpful to the coaching staff)
(MEDICINE NOT GIVEN WITHOUT AUTHORIZATION FOR MEDICATION FORM, SIGNED BY DOCTOR!)

IN CONSIDERATION OF ACCEPTANCE OF MY APPLICATION IN SUMMER SWIM TEAM, I INTEND TO BE LEGALLY BOUND. NOT ONLY FOR MYSELF, BUT ALSO FOR MY HEIRS, MY EXECUTORS, AND MY ADMINISTRATIONS. IN SIGNING THIS RELEASE FROM LIABILITY, I WAIVE AND RELEASE EVERYONE CONNECTED WITH THIS COURSE FROM ANY AND ALL LIABILITY WHICH MAY ARISE FROM THIS COURSE. REFUND POLICY: If YMCA cancels a class or program there will be a 100% cash or program refund. If participant withdraws: 1 month before the start of program 90% cash/ 100% credit, 2 weeks before start of program 75% cash/ 100% credit, 1 week before start of program 60% cash/ 80% credit, The start of the program 50% cash/ 75% credit

PARENT/GUARDIAN SIGNATURE _____ Date _____

<input type="radio"/> Session 1 \$95 Members \$120 Non Member	<input type="radio"/> Sessions 2 \$115 Members \$140 Non member	<input type="radio"/> Sessions 3 \$115 Members \$140 Non Member
<input type="radio"/> Sessions 1 & 2 or Sessions 1 & 3 \$170 Member \$215 Non Member	<input type="radio"/> Sessions 2& 3 \$190 Member \$235 Non Member	<input type="radio"/> All 3 Sessions BIG SAVINGS! \$255 Member \$295 Non Member

Final Payment Information - ACCT# 130231A

Amt Paid _____ Paid by Ck# _____ Cash _____ CC _____ Receipt # _____ Date _____ Mem

Exp Date _____