

# Competitive Swim Clinic

**Camp Director:** John Samonie & Ben Dueweke

**Dates:** June 16<sup>th</sup> – July 31<sup>th</sup> (Excluding July 4<sup>th</sup> – July 13)

**Location:** Dakota High School Pool



**856057-01: High School – Advanced Training**

**Time:** 8:00am - 10:00am **Days:** Monday – Friday **Cost:** \$130

**856057-02: High School – Introduction to Competitive Swimming**

**Times:** 10:00am – 11:30am **Days:** Monday – Friday **Cost:** \$105

**846057-01: Elementary/Middle School – Advanced Training**

**Times:** 10:00am - 11:30am **Days:** Monday – Friday **Cost:** \$105

**846057-02: Elementary/Middle School – Introduction to Competitive Swimming**

**Times:** 10:30am - 11:30am **Days:** Monday – Friday **Cost:** \$80

This clinic is intended to improve stroke technique and enhance training skills. Students will be taught proper stroke techniques, develop training strategies, and learn more about competitive swimming. Although previous competitive swimming experience is not required all individuals should be comfortable in the water and capable of completing 25 continuous yards. One hundred percent attendance is not required, but is recommended. Any questions regarding the clinic should be e-mailed to John Samonie at [jsamonie@cvs.k12.mi.us](mailto:jsamonie@cvs.k12.mi.us).

**Registration Information:** To register by mail, send the complete application below with your check for the amount listed above to: Chippewa Valley Schools Community Education, 19130 Cass Ave., Clinton Township, MI 48038. You may also register by phone call (586) 723-2050.

Payments can be made in cash, check, VISA or MasterCard. All withdrawals are subject to a \$7.00 processing fee. Withdrawals after registration due date are refunded at 50% \$10.00 fee will be assessed for any returned checks. Payments are due in full at the time of registration.

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**Clinic Number – Please Circle:** 856057-01 856057-02 846057-01 846057-02

Students Name: \_\_\_\_\_ Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_ Student Birth Date: \_\_\_\_\_

Visa or MasterCard #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_