

Competitive Swim Clinic

Camp Directors: John Samonie & Ben Dueweke

Dates: June 15th – July 31th (Excluding July 6th – July 10th)

Location: Dakota High School Pool



856092-01: High School – Advanced Training

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

856092-02: High School – Introduction to Competitive Swimming

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

836092-01: Elementary/Middle School – Advanced Training

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

836092-02: 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 50 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.

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, 19230 Cass Ave., Clinton Township, MI 48038. You may also register by phone calling (586) 723-2050 or online at <https://onlinereg.cvs.k12.mi.us>

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%. A \$20.00 fee will be assessed for any returned checks. Payments are due in full at time of registration.

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Competitive Swim Clinic – Circle One: 856092-01 856092-02 836092-01 836092-02

Students Name: _____ Parents Name: _____

Address: _____ City: _____ Zip: _____

Telephone #: _____ Emergency Phone #: _____ Student Birth Date: _____

Grade Child Just Completed: _____ Email: _____

Visa or MasterCard #: _____ Exp Date: _____

Cardholder Signature: _____