



Belvidere Co-op Swim Camp 2018



The swim camp focuses on the four competitive strokes of **freestyle, backstroke, breaststroke, butterfly**, as well as starts, turns and finishes. It is for all **6th-12th** graders who are interested in training for competitive swimming. It is a good way for beginners to get started or experienced swimmers to focus on refining technique. It is also a great way to get to know and have fun with teammates before the season begins!

Dates and time: **June 4th-8th, 11:30am-1:30pm**

Location: **Belvidere YMCA, 220 W Locust St, Belvidere, IL**

Cost: **\$50.00** Make checks payable to BNHS. Payment and waiver can be dropped off at BNHS (9393 Beliot Rd, Belvidere) or brought to the first day of the clinic.

Supplies: Bring/wear swim suit, towel, goggles, water, swim cap (recommended)

Instructors: Traci Torbert: Girls Head Coach; David Graffy: Boys Head Coach

Questions? Please email Traci Torbert ttorbert@district100.com

Name _____ Age _____ Grade _____

T-Shirt Size (Please Circle) x-small , small, medium, large, x-large

Summer Camp Release Form

Your son/daughter has indicated an interest in registering as a participant in our summer camp. We provide NO medical insurance coverage of any kind and strongly urge that you seek coverage if your son/daughter is not already covered. By registering you are acknowledging that you are waiving and releasing all claims for injuries which your son/daughter may sustain arising from participation in our camp. I hereby understand that I and/or my family members acknowledge the risks inherent in the above mentioned activity and agree that NO liability will be claimed or enforced against any person or group therewith connected. I understand that no hospitalization, health or accident insurance is provided in connection with the said registration. I further state that I have read and understand that this is a general release and that I intend for it to be legally bound by the same.

I hereby give my consent for my child to participate in the Belvidere North High School Sports Summer Camp. I assume all risk in regard to participation in this or any other–Belvidere North High School (District 100) program in which my child participates. I release, indemnify, and agree to hold harmless Belvidere North High School (District 100), its directors, administration, officers, coaches, instructors, property owners and volunteers from any and all liability that may result from participation in Belvidere North High School Sports Summer camp.

Athlete name _____ Parent Signature _____

Date _____