

# REGISTRATION

## 2021 CHOICE YOUTH SWIM CAMP

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

*Participants must have completed at least level 4 of swim lessons.*

### SWIMMING EXPERIENCE (Check all that apply):

High School Team

RRV Wahoo Swim Team

Swimming Lessons Level Completed

Other (please describe) \_\_\_\_\_

GRADE ENTERING IN THE FALL: \_\_\_\_\_

GENDER: M F

EMAIL: \_\_\_\_\_

(\*required) \*You will receive confirmation/info via email.

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CAMP DATES: August 5-7, 2021

REGISTRATION DEADLINE: July 26, 2021

Camp Cost: \$75 (add \$10 to cost after deadline)

### MAIL WITH FULL PAYMENT TO:

Choice Health & Fitness  
Attn: Swim Camp  
4401 South 11th Street  
Grand Forks, ND 58201



OFFICE USE ONLY: Aquatics Programs

*jump into* **FUN**  
**THIS SUMMER**

*with*  
**2021 CHOICE YOUTH SWIM CAMP**  
*August 5-7*

*Summer*  
**SWIM CAMP**

**AUGUST 5-7, 2021**  
**CHOICE YOUTH SWIM CAMP**  
**LOCATED AT RIVERSIDE POOL**



LOCATED AT RIVERSIDE POOL  
1801 NORTH 1ST STREET  
GRAND FORKS, ND 58203

701.746.2790 | CHOICEHF.COM



GRAND FORKS, NORTH DAKOTA

# CAMP SCHEDULE

# CAMP DETAILS

# LIABILITY WAIVER

**\*CAMP SCHEDULE IS SUBJECT TO CHANGE**

## THURSDAY, AUGUST 5

9:00 - 9:30 AM	Check-in, Orientation, Warm-up & stretching
9:30 - 10:00 AM	Educational Session Goal Setting
10:00 - 10:50 AM	In-water evaluations
11:00 AM - 11:50 AM	Long Axis Free & Back Stroke
12:00 - 1:00 PM	Dryland exercises

## FRIDAY, AUGUST 6

9:00 - 9:50 AM	Dryland exercises
10:00 - 10:50 AM	Long Axis Review, Starts & Turns
11:00 - 11:50 AM	Short Axis, Breast/Fly Strokes
12:00 - 1:00 PM	Educational session Nutrition presented by Altru

## SATURDAY, AUGUST 7

9:00 - 10:00 AM	Dryland exercises
10:00 - 10:50 AM	Short Axis Review, Starts & Turns
11:00 - 11:50 AM	Review All Strokes
12:00 - 12:30 PM	Fun Activities
12:30 - 1:00 PM	Camp Wrap-Up/Evals

## WHAT TO BRING

Swimsuit, Swim Cap, Goggles, Towel, Running Shoes, Workout Clothing, Water Bottle, Snack, Sunscreen

Choice Health & Fitness Youth Swim Camp will focus on swimming techniques of all four competitive strokes and turns. In addition to instruction in the pool, camp participants will also have dryland workouts created by certified personal trainers with take home material as well as educational sessions to help improve overall athletic ability.

**2021 CAMP DATES**  
August 5 - 7

**CAMP COST: \$75**

### AGE/ABILITY REQUIREMENTS

Participants must be 8-12 years of age during the camp and be able to complete 25 yards of freestyle & 25 yards of backstroke.

### CONTACT

**Preston Olson**  
Choice Aquatics Staff  
Phone: 701.746.2790  
Email: polson@choicehf.com

**Lisa Rollefstad**  
Sports & Recreation Manager  
Phone: 701.746.2790  
Email: lrollefstad@choicehf.com

Participant: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

I understand and agree that some activities occurring as part of or incidental to this event may be of hazardous nature and/or include physical or strenuous activity. Understanding this, I state that I have no medical condition or impairment, including the use of medication that might inhibit my active participation in this event.

In case of medical emergency, I authorize the staff or employees of Choice Health & Fitness to render first aid and/or obtain whatever medical treatment he/she deems necessary for my welfare. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment regardless of whether my medical insurance would cover such charges.

I, hereby, for myself my heirs, executors, and administrators, waive and release only and all my rights and claims for damages I may have against Choice Health & Fitness, the Grand Forks Park District, or their respective agents, representatives, successors and assigns for any and all injuries, which may be suffered by me in connection with my participation in this camp.

I have read, understand and agree to the terms and conditions of this waiver.

I am the parent of legal guardian of the participant (minor) listed above and am signing this waiver on his or her behalf.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

 **CHOICE HEALTH & FITNESS**