2021 HIGH SCHOOL HOLIDAY SWIM CAMP

EAST COAST AQUATIC CENTER

5905 Portsmouth Blvd Portsmouth, VA 23701

OVERVIEW

East Coast Aquatic Team is pleased to announce this year's **High School Holiday Swim Camp**. This camp is 5 days with 2 hours each day. This program is a great opportunity to have your swimmers work with experienced Coaches developing technique, timing, and philosophy of all

4 strokes, starts, turns and finishes. The training, drills, and kick sets will be geared to gaining speed while maintaining proper stroke technique. This clinic is for High School aged swimmers. This is a FANTASTIC way to train over the holiday break for their high school swim seasons.

CAMP SESSIONS

(CHECK ONE OR BOTH)

__ Camp 1 - \$100

Mon - Dec 27: 10 -12

Tues - Dec 28: 10-12

Wed - Dec 29: 10-12

Thurs - Dec 30: 10-12

Fri – Dec 31: 10-12



Questions Contact Art Anthony - CoachArt.ECAT@gmail.com - 757-450-2152 Cell

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REGISTRATION FORM

Last Name	First Name (Swimmer)	Age
Contact Cell Phone	Email address	
	High School Team	
Camp Sessions: \$100).	
Camp 1 (December	27, 28, 29, 30, 31) 10-12:00 pm	
Please contact Coach A	art at the number below if you have any q	uestions. You may
deliver this form to the	ECAC pool at 5905 Portsmouth Blvd or	you can mail this form
and check payable to EC	CAT to reserve your slot. Mailing addre	ess: ECAT, P.O. Box
3193, Portsmouth, VA 2	3701. PayPal link for Credit card payn	nents are also available.
Contact Coach Art for th	hat option. Thank you!	
	program fee for the program selected. I acknowled all facility and program rules and regulations.	dge that fees are NOT
I represent that I have NO li	fe-threatening conditions. I know that swimming &	& water activities, like all forms
	risk. By participating in the program, I accept all r	
the facility and participation in his or her parents or guardian.	the program. If the participant is a minor, I accept	t the risk on his or her behalf as
ins of her parents of guardian.		
I hereby release East Coast	Aquatic Center and East Coast Aquatic Team, its e	mployees, officers, directors,
	tractors from any and all damages for personal inj	
	the program, and I agree to look solely to my insu	
If the participant is a minor, I e	execute this release on behalf of said minor as his o	r her parent or guardian.
Parent/Guardian name	Today's Date	Signature