



### **Summer Camp**

- Half Day Splash Camp- 8:30am-12:00pm or 1:00-4:30pm \$65 per week.  
Available to swimmers 7 years of age and up for children at Red Cross 6 and above. The focus of the camp is increasing swimming technique, learning competitive skills, and improving endurance. The camp will include one pool session per day, dryland games and activities, outdoors on good weather days.
- Full Day Splash Camp- 8:30-4:30pm \$110 per week.  
Available to swimmers 8 years of age and up for children at Red Cross 7 and above. The focus of the camp is increasing swimming technique, learning competitive skills, and improving endurance. The camp will include two pool sessions per day, dryland games and activities outdoors on good weather days.
- Full Day Speed Camp- 8:30-4:30pm \$110 per week.  
Intended for swimmers currently registered as competitive swimmers aged 12 and up. The swimmers must have the 13 year old SNL Champs times or have trained with the Marlins Blue or Orange groups this season. This is tough training camp including 2 pool sessions per day, dryland training, indoor bike fitness class (Spin), and outdoor running and circuit training.
- **NEW SWIMMERS** not currently registered with Swimming Newfoundland and Labrador will be charged an additional \$10 insurance fee the first week you register.
- Supervision is available for an early drop off at 8am or late pick-up at 5pm for a \$5 charge per week.
- All camps will take place at the Mount Pearl Pool and surrounding property.
- Families are responsible for the drop off and pick up of their child each day, there is a sign in/out sheet at the Marlins office.
- Please ensure all swimming necessities are included with your child each day.
- All participants are required to be dressed appropriately for physical activity (Please make sure your child has sunscreen, a jacket or sweater, a hat, sunglasses and appropriate footwear).
- All participants are required to bring a snack and a drink or refillable water bottle.

### **Sick or Cancellation Policy:**

- Partial refunds will not be given if your child is unable to attend camp due to illness or other various reasons.
- If your child is sick or you have to cancel for more than one day, parents are asked to contact mpmsummercamps@gmail.com.
- If you have to cancel an entire week please give at least one (1) week notice in order to receive a full refund.
- If a swimmer is not at sufficient swimming level for our camp money will be refunded.

**Please sign the section below to verify that you have read and agree to the terms and conditions stated above:**

Guardian's name \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Name \_\_\_\_\_

**Registration is on a first come, first serve basis.**

**Please fill out the information below. Please print legibly:**

**General Information**

Swimmers Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_ Apt No.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ City: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Date of Birth: DD/MM/YY Age: \_\_\_\_\_  New Swimmer  SNL Member  
MCP#: \_\_\_\_\_  
Guardian Name (1): \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_  
Guardian Name (2): \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact/Alternate Pick-up Person (other than above): \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

**Medical Concerns (i.e.: allergies, asthma, disabilities):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Swimming Experience/ Lesson Level: \_\_\_\_\_  
Early drop off supervision required   
Late pick up supervision required

**Alternate Pickup**

If a person other than yourself will be picking up your child from the program at any time, please provide the name(s) of the person(s) below. If a person should come to pick up your child who is not on this list, we will not release your child due to safety reasons until we hear otherwise from you. Persons picking up your child **must have picture identification**.

Name:	Relation to child:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Payments will be made through Team Unify for those already registered with the Marlins. Other payments will be accepted as cheque or money order only on the first day of the camp.**

## Swim Camp Weeks

Please indicate below which weeks you wish to register your child for:

Full/ Half Day Splash Camp Mornings 8:30-12 /Afternoons 1-4:30

- Week One: July 4<sup>th</sup> Mornings
- Week Two: July 11<sup>th</sup> Mornings  Afternoons
- Week Three: July 18<sup>th</sup> Mornings  Afternoons
- Week Four: July 25<sup>th</sup> Mornings
- Week Five: August 1st ( Regatta Day- camp will go ahead swimmers will participate in Kids of Steele Triathlon) Mornings
- Week Six: August 8<sup>th</sup> Mornings  Afternoons
- Week Seven: August 15<sup>th</sup> Mornings  Afternoons
- Week Eight: August 22<sup>nd</sup> Mornings  Afternoons

Full Day Speed Camp 8:30-4:30

- Week Two: July 11<sup>th</sup>
- Week Three: July 18<sup>th</sup>
- Week Six: August 8<sup>th</sup>
- Week Seven: August 15<sup>th</sup>
- Week Eight: August 22<sup>nd</sup>

**\*\*\*Please Initial Below\*\*\***

\_\_\_\_ I hereby give permission for my child to be photographed throughout the summer camp (Please note these photos may be used for publication purposes, if you sign below you are allowing your child's photo to be used in these promotions).

**By signing this form, you have stated that you have read and agree to the statements initialed above.**

Participants Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Email this form to [mpmsummercamps@gmail.com](mailto:mpmsummercamps@gmail.com) or deliver to the Marlins office at the Summit Center. (Placing it under the office door is sufficient.)