



KWST Summer SWIM Camp 2014

KWST Summer Swim Camp is one of the best swim camps located in amazing country zone in Ukraina Country Club (3375 Gore Rd, London ON, N0L 1G4) . Whether this camp is your child's first experience in competitive swimming or he/she is a provincial team member, KWST Summer Swim Camp will adapt to meet the needs of each swimmer. Located in the nice outdoor pool KWST has to offer: 4 lane 20 yard outdoor swim pool, dive tank (turns and starts), shallow area for young swimmers. We also utilize the amazing territory close to the pool, including the open space field for dry-land and fun activities as well as soccer sized fields. The area includes volleyball, basketball and badminton area.

Ages 7 - 13 welcome. Children should be able to swim a width of a pool.

Travel to and from Camp is your responsibility.

Day Schedule:

8:00 - 9:00 am	<i>Activation</i>
8:30 - 9:00 am	<i>Breakfast</i>
09:30- 10:00am	<i>Core body Fitness/Dry Land</i>
10:30 – 12:00pm	<i>Swim Session - skill development</i>
12:15 – 1:30pm	<i>Lunch</i>
2:00- 3:00pm	<i>Game Time</i>
3:15pm - 3:45pm	<i>snack time</i>
4:00-5:00pm	<i>Swim Session/ Game in swim pool</i>
5:15 - 5:45pm	<i>pick up</i>

Foods: Served Buffet Style, three times a day homemade food prepared by certified professional cook. Food cost included in price.

What to Bring?

Swim Suit, Cap, Goggles, Towel, Water bottle, T-shirt, Shorts, Running Shoes, Socks, Yoga Mat, Sunscreen, Hat. Optional - Kick-Board - Pull Buoy - Fins (We have some equipment).



KILLER WHALE SWIM TEAM
LONDON

Summer Swim Camp 2014

Registration Form

Name of Swimmer: _____
(surname) (first name)

Age: _____ Birth Date: _____ Sex: _____
(DD/MM/YYYY)

Club Affiliation: _____
(Swimmers who are not registered with a Swim Ontario club will be charged \$15.00 as a one time fee for insurance purposes)

Email: _____

Home Address:

Home #: _____

Parents Contact Information:

Name _____ Tel: (C) _____ (W) _____
Name _____ Tel: (C) _____ (W) _____

Emergency Contact (if parents unavailable):

Name: _____ Relationship: _____
Tel: (H) _____ (O) _____ (C) _____

Allergies or other medical concerns:

Please indicate which week or weeks swimmer will attend.

Note: Choose any combination of weeks, 1 through 4. Each week will be different.

Week #1 July 28-01 \$180 + HST = \$203.40

Week #2 Aug 5-8* \$145 + HST = \$163.85

Week #3 Aug 11-15 \$180 + HST = \$203.40

*Civic Holiday (Aug. 04).



Summer Swim Camp 2014 Participation Consent Agreement

The Killer Whale Swim Team (KWST) and Swim Ontario, strives to ensure a safe environment for its swimmers. However, parents or guardians should understand that injuries can occur during some activities because of the inherent nature of the activity and without neglect on the part of the swimmer or the Club.

The parent or legal guardian authorizes the swimmer to participate in Swim Ontario activities and releases the Club, its coaches from any and all claims which may arise by reason of the Swimmer's participation in KWST or Swim Ontario activities, including any and all claims which may arise due to bodily injury or illness.

If reasonable attempts to contact the parent or guardian are unsuccessful, the parent or legal guardian authorizes the Club, coaches and/or any representative of the Club to authorize such medical attention as may be necessary and appropriate in the circumstances should a swimmer suffer an injury or illness while participating in Swim Ontario Camp activities and agrees to pay for all medical and any other related expenses incurred in such event.

The parent or legal guardian releases Swim Ontario, its coaches and/or any representative of the Club from any claim arising from the medical treatment a swimmer may require while participating in Swim Ontario Camp activities.

The parent or legal guardian acknowledges that should a swimmer not abide by the rules and expectations as established by Swim Ontario, its coaches and/or any representative of the Club while participating in Swim Ontario.

Camp activities, at the discretion of the coaches, the swimmer's participation may be terminated. Any additional costs incurred by reason of the termination of a swimmer's participation in Swim Ontario Camp activities will be the responsibility of the parent or legal guardian.

_____ (Date)
(Signature of parent or legal guardian)

_____ (Please print name)

Please complete the Registration Form and mail it with full payment to: Killer Whale Swim Team,
10-322 Thompson Rd., London, ON, N5Z 2Z2

Payment:

Total number of weeks _____ subtotal

Add one time \$20.00 Swim Ontario Registration _____

(if not a member of a Swim Ontario affiliated Club in 13/14)

_____ TOTAL