

# Maverick Aquatic Club

## Learn-to-Swim Camp

A Monroe Community College Association, Inc. Program

Fall 2005 Camp Sessions 292-2000 Ext 6424

<http://www.monroecc.edu/depts/kids/index.htm>

### 2005 Camp Sessions

Session I Saturdays: Oct. 8- Nov.5  
Session II Saturdays: Nov. 12 - Dec 17<sup>th</sup>

### Cancellation Dates

No cancellations  
No classes Nov 26<sup>th</sup>

### Registration -MCC pool area (5:30-7:00 PM)

Wednesday Sep 28<sup>th</sup> & Monday Oct 3<sup>rd</sup>  
Monday November 7<sup>th</sup>

## Schedule

Trotters: (Group I)	9:00-9:30 AM ~~~~~	10:30-11:00 AM
Colts: (Group II)	9:45-10:15 AM ~~~~~	10:30-11:00 AM
Broncos (Group III)	9:00-9:40 AM	
Mustangs (Group IV & V)	9:45-10:25 AM	

## Registration

The group will determine the cost of lessons. All fees include five classes.

**Trotters & Colts: \$30.00**

**Broncos, Mustangs: \$40.00**

**(3<sup>rd</sup> child \$5.00 discount, 4<sup>th</sup> child additional \$10.00 discount – must be immediate family)**

The registration and payment must be done in person. We have established registration nights for each session and it will be held on a first-come, first-serve basis. The registration nights will be the first opportunity for new students to register for the upcoming session. For future sessions, enrolled students will be able to register for subsequent sessions at the final lesson day, before registration is open to the general public.  
*(Please make checks payable to M.C.C. Association, Inc.)*

We will have private lessons available. Please contact Arlene Weyman (292-2000 Ext. 6425) for more information, availability, and payment process. The Maverick Aquatic Club offers private instruction for all levels of swimming and diving.

**Private lessons: (Max 1 student)**

**½ hour: \$20.00**

**1 hour: \$30.00**

### **Parking:**

Due to Monroe County parking regulations, there is no free parking at MCC. You must have a parking permit or risk a ticket.

-----

Student Name: \_\_\_\_\_ Address: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone:#: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Payment: \_\_\_\_\_ E-mail: \_\_\_\_\_

Class: (Please circle one) Trotters Colts Broncos Mustangs Time: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Session Date: \_\_\_\_\_