



Ohio State University
Swim Camp/Clinic
At the Perry High Natatorium
Canton, OH
June 13-15, 2008



Designed for the competitive swimmer

**Five 3-hour sessions
For swimmers age 9 and older**

Sample Schedule *(subject to change)*

Friday, June 13	5 p.m. - 8 p.m.: Freestyle/Video
Saturday, June 14	7 a.m. -10 a.m.: Backstroke/Video 1 p.m. 4 p.m.: Butterfly/Video
Sunday, June 15	7 a.m. -10 a.m.: Breaststroke/Video 11 a.m. – 2 p.m.: Starts and Turns/Video

(Lunch will be provided on Sunday only)

**Cost for Swim Clinic/Camp (Age 9 and older)
\$140.00 if paid by May 15, 2008, \$150.00 if paid after May 15th.**

Swimmers must be able to swim 50 yds in all 4 strokes

Register early – Maximum attendance is 50 swimmers

Each swimmer will receive a camp T-shirt and swim cap

Coach Bill Wadley, OSU Men's Head Swim Coach or Jeanne Fleck, OSU Women's Head Swim Coach, will be in attendance at each session, coaching on deck. He/She will be assisted by other members of the OSU coaching staff, as well as coaches from area clubs and high schools.

For further information contact:
Heide Hamit (330) 830-8859 or Eric Spaulding (330) 495-4390

This camp is limited to 50 swimmers on a first come first serve basis!

Hosted by the Perry Aquatic Club



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Swimmer name: _____ Sex: M F Home Phone: _____

Date of Birth: _____ Age: _____ Grade completed: _____ School: _____

Current Swim Team: _____

Home address: _____
 Street

City State Zip

Swimmer's E-mail: _____

Mother's Name: _____ Cell Phone: _____

Work Phone: _____

Father's Name: _____ Cell Phone: _____

Work Phone: _____

T-shirt Sizes

Adult Sizes S M L

Youth Sizes M L

Camp/Clinic (Age 9 & older) – \$140.00 if paid by May 15, 2008. \$150.00 if paid after May 15, 2008.

This application must be accompanied with payment in full for each swimmer in order for the application to be processed. Checks are to be made payable to the Perry Aquatic Club.

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____
 Street City State Zip

Telephone Number: _____ Cell Phone: _____

E-mail Address: _____

Please return this application in person to Heide Hamit at the pool or mail to:

**OSU Swim Camp
 Heide Hamit
 2245 University Drive SE
 Massillon, OH 44646**

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