

## **MAY 30-AUGUST 4**

9AM-1PM (drop off begins at 8:30am)

# SWIM CAMP 2023 (GRADES K-8)

WEEKLY RATE \$145 member \$175 nonmember

#### **CAMP INCLUDES:**

- SWIMMING LESSONS
- FREE SWIM
- ARTS AND CRAFTS
- DRY LAND EXERCISES
- GAMES

HELEN LUJON helen@coresrq.org 941-955-8194 Ext. 114







**NORTH BRANCH** 1075 S. Euclid Ave. Sarasota, FL 34237 941-955-8194

CORESRQ, INC. IS A 501(C)(3) NONPROFIT ORGANIZATION.

The mission of CoreSRQ is to inspire a healthier community through innovative wellness and education programs for people of all ages, backgrounds, and abilities.

## **CORESRQ SUMMER SWIM CAMP**

ION-REFUNDABLE REGI	STRATION FEE	PLEASE SELECT	YOUR CAMP	& WEEKS

#### **2023 WEEKS**

Print Name

1	MAY 30-JUNE 2*	0
2	JUNE 5-9	0
3	JUNE 12-16	0
4	JUNE 19-23	0
5	JUNE 26-30	0
6	JULY 3-7* (OFF 7/4)	0
7	JULY 10-14	0
8	JULY 17-21	0
9	JULY 24-28	0
10	JULY 31-AUGUST 4	0

### SWIM CAMP

### **GRADES K-8**

MEMBER \$145/ NON-MEMBER \$175 MONDAY-FRIDAY 9AM-1PM

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> > Email:

\$25 CANCELLATION FEE: IF A PARENT CANCELS AT LEAST 10 DAYS PRIOR TO CAMP, THEY WILL RECEIVE THE BALANCE MINUS AN ADDITIONAL \$25 CANCELLATION FEE. IF THEY CANCEL

D JULY 31-AUGUST 4	0				ENTIRE CAMP FEE.
*WEEKS 1 6 6 (4 DAYS) \$116 MEMBER / \$140 NON-MI	:MBER			SHIRT SIZE O ADULT O YOUTH	O SMALL O MEDIUM O LARGE
SEX: OMALE OFEMALE	DOB: / /	AGE:	GRADE IN FALL:	ALLERO	SIES:
PARENT/GUARDIAN NAME:					AUTHORIZATION:
ADDRESS:  PHONE:	CITY:		IP:	PICK-UP	HOTHORIZHTIOT
EMERGENCY CONTACT:				STUDE	NT ID NUMBER:
PHONE:	RELATIONSHIP:			<u> </u>	
IN CONSIDERATION OF BEING PERMITTED TO UTILIZE TH OFF-SITE PROGRAMS AFFILIATED WITH CORESRQ, INC., INC., THEIR DIRECTORS, OFFICERS, EMPLOYEES AND THE THIS PROGRAM OR ANY OTHER ACTIVITIES. I HEREBY IRRAS IT PERTAINS TO MY PARTICIPATION WITH CORESRQ, INC., THE PROGRAM OF ANY OTHER ACTIVITIES. IN THE STATE OF THE PROGRAM OF ANY OTHER ACTIVITIES.	THE UNDERSIGNED FOR HIMSELF, HER: EIR AGENTS FOR ANY AND ALL INJURIE REVOCABLY RELEASE, CONSENT AND A N ANY MANNER FOR PROMOTIONAL EI	SELF AND ANY PERSÖNAL ES AND OTHER DAMAGES I ILLOW CORESRQ AND ITS I FFORTS WITHOUT EXCEPT	REPRESENTATIVES, WAIVE, DUBLICH HE/SHE MAY SUFFER	DISCHARGE AND CO	OVENANT NOT TO SUE CORESRQ, IITH HIS/HER PARTICIPATION IN
Signature		Date:		TOTAL	\$

Phone: