

# AQUA SPORTS CAMP

www.AquaSportsCamp.com 301-873-8411

ARLINGTON COUNTY  
DEPARTMENT OF PARKS AND RECREATION  
WASHINGTON AND LEE HIGH SCHOOL POOL

## Swimming, Diving, Water Polo, Soccer, Kickball, Crafts & Games!!!

**Monday thru Friday 9:00am – 4:00pm**  
**W&L HIGH SCHOOL POOL**  
**SESSION 7: AUG 7-11**  
**SESSION 8: AUG 14-18**  
**SESSION 9: AUG 21-25**  
**SESSION 10: AUG 28-SEPT 1**

**Participants must be 7-14 years old. All campers should be able to swim 25 yards and must be comfortable in water that exceeds his/her height.**

### 2 Camps For Kids Ages 7-14

Jr. Camp: 7-11  
Teen Camp: 12-14

All campers should bring: bag lunch, swim suit, towel, cap, goggles, sunscreen, extra socks. Campers must wear shorts, t-shirts, and tennis/athletic-type shoes.

Tober Aqua Sports, Inc. is run by Mike Tober. A former NCAA All-American and USA National Dive Team member, he is currently the Georgetown University Diving Coach. The counselors/instructors are well trained to provide a safe, productive, and fun environment for the camp.

Payer's Name \_\_\_\_\_ Campers Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Core Rate \$295 per week – Please check the items you'd like to sign up for:**

SESSION 7: AUG 7-11 _____	Add Before Care 7-9am (\$40) _____	Add After care 4-6pm (\$40) _____
SESSION 8: AUG 14-18 _____	Add Before Care 7-9am (\$40) _____	Add After care 4-6pm (\$40) _____
SESSION 9: AUG 21-25 _____	Add Before Care 7-9am (\$40) _____	Add After care 4-6pm (\$40) _____
SESSION 10: AUG 28-SEPT 1 _____	Add Before Care 7-9am (\$40) _____	Add After care 4-6pm (\$40) _____

**Total Check Amount** \_\_\_\_\_

**Payable to Tober Aqua Sports Inc - PMB#391 4423 Lehigh Rd. College Park, MD 20740**

The participant assumes all risks associated with participation in this program. The County and the program personnel assume no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some program activities, we encourage participants to consult with his/her physician to ensure fitness to participate in program. The participant and parent/guardian agree to receive necessary emergency treatment. The participant and parent/guardian consent to the County's use of photographs/videos made of the program for future publications.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_