



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LEARN IMPROVE COMPETE



2017 YORK YMCA STROKE CAMPS

Commit yourself to improving your skills and learning more about proper stroke mechanics. Watch your own strokes in high quality video and get a copy to watch on your own or with your team coach. Improve your swimming performance by taking advantage of this cutting edge camp.

The York YMCA Stroke Camp is 3 hours of focused work that's sure to grow your knowledge and increase skill. The camp is led by the York YMCA coaching staff, a highly experienced group of coaches who are committed to excellence. This is a cutting edge camp and uses advanced technology in swim video capture and analysis.

Each camp includes:

- 30 minute of stroke technique overview in a classroom setting (power point and video)
- 90 minutes of skill work in the pool (indoor SCM pool)
- 60 minutes of underwater video (current camp focus stroke filmed from 6 angles at 4k resolution)
- 16 GB flash drive with swimmers videos and elite videos to compare and contrast.



YORK BRANCH YMCA
90 N Newberry Street
York, PA 17403
www.yorkcoymca.org



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2017 YORK YMCA STROKE CAMPS

Summer Camp dates are as follows:

Backstroke:	May 13	1-4 pm
Starts & Turns	May 14	1-4 pm
Freestyle	May 27	1-4 pm
Butterfly	June 17	1-4 pm
Breaststroke	June 24	1-4 pm
Starts & Turns	June 25	1-4 pm

Location: Graham Aquatic Center
543 N Newberry St
York PA 17401

Cost: \$95per camp includes

16 GB flash drive with swimmers videos and elite videos to compare and contrast.

Contact Information: John Nelson, Director of Competitive Swimming
jnelson@yorkcoymca.org

Payment Information:

Mail payment with registration form to:
YMCA of York
Attn: John Nelson
90 N Newberry St
York PA 17401
Payments: Check , Cash or Credit Card

2017 York YMCA Stroke Camps

Name: _____ Male ___ Female ___

Date of Birth: ____ / ____ / ____

Street Address: _____

City: _____ State: ____ Zip code: _____

Email Address: _____ Phone: _____

Parent/Guardian Name _____ DOB _____

Payment Method: _____ Check _____ Cash _____ Credit Card

Name on Credit Card _____

Credit Card Number _____ Expiration _____

Backstroke _____ Starts & Turns(5/14) _____ Starts & Turns(6/25) _____

Freestyle _____ Butterfly _____ Breaststroke _____