



2021

BOLTON HILL MASTERS SWIMMING

We are a program based at Bolton Swim and Tennis in Baltimore, MD. Designed to improve fitness and reach specific goals, this program promotes healthy lifestyles through friendship and camaraderie in and out of the pool.

This energetic group of swimmers practice three mornings a week in the summer season, focusing on proper stroke technique, endurance, speed, strength, and injury prevention. Our team welcomes members of all adult ages and skill levels.

Mondays, Wednesdays, and Fridays

6:30 – 7:30 AM

Session I: June 7th – July 2nd

Session II July 5th – July 30th

Session III: August 2nd – TBD

\$70 per session, \$8 drop-in

Interested swimmers should come to the pool on a practice day or contact
Coach Tom Penniston
pctombo@gmail.com

[@Thomas-Penniston](#) (Venmo)

Join our group in the pool & join Bolton Hill Masters Swimming on Facebook!



BOLTON HILL MASTERS FAQs

FAQ:

1. What do I need to bring to practice?

Swim suit, goggles, swim cap, towel, and a water bottle.

2. Do I need to be a fast and experienced swimmer?

No, we have a variety of skill levels and ages on the team. If there are things you want to learn, we can help you reach those goals. All are welcome.

3. Do I need to know all four strokes: freestyle, backstroke, breaststroke, and butterfly?

No, but if you would like to learn we can make that happen. Practices will include all four strokes, but workouts can be adapted as need be. Freestyle will be used most.

4. What is circle swimming?

With multiple people in a lane, like we have during swim practice, the rules of driving apply. We share the lane, and you always swim on the right.

5. What do I need to know about COVID?

We're following all BST guidelines on social distancing. Please sign in at the desk when you arrive and bring your own water.

Please contact Tom with any other questions or concerns you may have:
pctombo@gmail.com

Hope to see you at the pool!

BOLTON HILL MASTERS SWIMMING REGISTRATION

Bolton Swim & Tennis
Dolphin Lane
Baltimore, Maryland

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Date of Birth: ____/____/____

Occupation: _____

Emergency Contact:

Name: _____ Relationship: _____

Contact Number: _____

Practices: Mondays, Wednesdays, Fridays 6:30 - 7:30 AM

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Please be sure to consult with a health care provider before beginning any type of exercise program.