

ROCKY MOUNTAIN SWIM CAMPS

(Ages 8-18; Space is limited to 40 campers per session)

Session I: May 30-June 4

Session II: June 6-11

- Learn the latest stroke technique information.
- Improve your four competitive strokes, starts, and turns through video analysis.
- Enhance your knowledge of nutrition, race strategy, mental preparation, and goal setting.

Each day, campers will be coached through one dryland and one water training session at our 5,000-foot altitude. In a separate session each day the athlete will receive intensive stroke instruction and feedback upon each of the competitive strokes as well as starts and turns. In addition, group meetings will be held throughout each day to maximize training and performance in mental preparation, nutrition, goal setting, leadership, race strategy, and videotape review.

We also encourage personal growth through group interaction and free time activities under the guidance of our staff. The ratio of campers to staff is approximately 10:1, providing for a very productive and rewarding experience. This year we will conclude each camp with an informal and optional question-and-answer parent meeting.

Facilities

Moby Pool has six 25-yard lanes and a separate diving well. Two underwater windows are used for stroke evaluation and underwater video analysis. Our varsity team room will be used for viewing videotape, preliminary stroke lecture, and educational lectures.

Equipment & Attire

Any equipment needed is provided by the staff, with the exception of a VHS tape for videotape review copies. Campers are required to bring sneakers, suit, cap, & goggles. Bedding is provided. Fans & warm clothing are suggested.

Eligibility

Enrollment in the Stroke Camp is for swimmers ages 8 – 18. Health & Safety Each camp participant must have a medical statement and release signed by a parent stating that he/she is in good physical condition and has had a physical examination within the last 12 months.

Insurance

All participants must be registered under the USS or summer club registration procedures. The insurance under USS will cover participants according to the provisions of that policy. In addition, campers are expected to be covered under family policies, and provide copies of insurance coverage cards with registration.

Accommodations

A Colorado State University residence hall will be our official home for the camps. They are fully equipped with recreational equipment and TV lounges. Each room comes with twin beds. Meals will be provided by Colorado State University Food Services, and are of excellent quality.

Cost & Payment

Resident: \$490

Commuter: \$385

(Commuter cost includes lunch Monday through Thursday, and a BBQ picnic on Wednesday evening.)

A \$100 deposit must accompany this registration. Balance is due at least 14 days prior to camp. A \$50 fee is retained if a camper withdraws at any time. A \$100 fee is retained if a camper withdraws later than 10 days prior to camp.

Questions?

Contact Luke Langholz at 970.491.6569
or e-mail: luke.langholz@colostate.edu

CAMP DISCLAIMER

Colorado State University does not discriminate on the basis of race, age, color, religion, national origin, gender, disability, sexual orientation, or veteran status in its programs and activities. Full participation of all individuals is encouraged.

ROCKY MOUNTAIN SWIM CAMPS

Camper Registration

Camper's Name _____

Parent's Name(s) _____

Address _____

City _____

State _____ ZIP Code _____

Home Phone (_____) _____

Cell Phone (_____) _____

Parent's E-mail _____

Grade, Fall 2010 _____ Age _____

Birthdate _____ Gender (circle one) M F

Roommate Preference _____

USS Club/Summer Team _____

Coach _____

Club Address _____

City _____

State _____ ZIP Code _____

Are you a High School Athletic Letter Winner? Yes No

Ability Level _____
(Sr, National, Jr. National, AAAA, AAA, A, B, or below)

T-Shirt Size (Circle One): Youth: S M L XL

Adult: S M L XL

Parental Consent

I have read the attached information and certify that my son/daughter is USS Registered, and give consent for him/her to attend the camp(s) indicated. In lieu of USS registration, I have endorsed a copy of personal medical insurance.

Parent Signature Date

Session Request

Stroke Camp I (May 30 - June 4)

_____ Resident (\$490)

_____ Commuter* (\$385)

Stroke Camp II (June 6-11)

_____ Resident (\$490)

_____ Commuter* (\$385)

** Commuter cost includes lunch Monday through Thursday, and a BBQ picnic on Wednesday evening.*

A \$100 deposit must accompany this application. Balance is due at least 14 days prior to camp. A \$50 fee will be retained if a camper withdraws at any time. A \$100 fee will be retained if a camper withdraws later than 10 days prior to camp.

Make checks payable to Rocky Mountain Swim Camps. We also accept MasterCard and Visa. Mail registration and checks to:

Rocky Mountain Swim Camps
CSU Department of Athletics
0120 Campus Delivery
Fort Collins, CO 80523-0120

Or Fax to: 970.491.7725, Attn: Swim Camp

Method of Payment:

Check Visa MasterCard

Card # _____

Exp. Date _____ Security Code _____

Signature _____

Total Enclosed \$ _____