

## Western Slope Swim League Peak Week Training Camp 2014

- Dates:** Monday, June 23rd through Friday June 27th, 2014
- Location:** Colorado Mesa University, Grand Junction
- Facilities:** CMU has a 10 X 50 meter indoor facility: We will be staying in the Dorms. The dorms we will be staying in this year are different from last year. It is a new dorm, closer to the pool and the rooms are doubles. Meals will be had at CMU in their dining facilities. **We encourage all of you to stay in CMU's dorms to enhance the true camp experience.**
- Check In/Out:** Check in for the camp will be Monday, June 23 at 2pm. Camp will conclude on Friday, June 27<sup>th</sup>. Swimmers will be released after lunch on Friday around noon. (More details on drop off and pick up locations to come).
- Qualifications:** Must be at least 13 years old; be able to swim all four competitive strokes. Your endurance should enable you to train 2X daily, 3000 yds/hr (100's of freestyle @2:00 minutes interval). We do not want injury so you must be in good shape. **Applicants should be chosen for their work ethic rather than their speed in a meet. Camp will be capped at 35 campers.** Each of you must demonstrate a positive team attitude that exhibits a level of wholesome acceptance for each individual and yourself in a close group environment: you are expected to treat all with due respect and consideration.
- Training Schedule:** Our Swim Schedule will be as follows: Monday - 3:45-5:45pm, Tuesday – Thursday 8-10am (long course meters) and 3:45-5:45pm (short course meters). Friday: 8-10am. Wednesday AM practice will be held at the outdoor 50 meter Lincoln Park pool for some outdoor training.
- Cost:** **\$200** (covers dorm, food, pool time). You will need \$ for incidentals such as snacks, souvenirs, movie, etc. Please send checks made out to the Colorado Zone 4 Swimming.
- Staff:** Silas Almgren (Montrose), Gordon Gerson (Aspen) and Damon Garrison (Sopris).
- Expectations:** If you wish to benefit from this camp, you should be fit: be able to train twice a day for 2 hours each session and handle 3000 yards/hour (100's on 2:00 intervals...). We will focus on both stroke/turn skills and techniques as well as endurance training. You will be expected to be a positive interacting camp member. You are expected to contribute to and enhance the positive training/camp environment.
- Equipment:** You will need fins (short Finis fins if you have them). Bring your training gear if you have: snorkel, paddles, pull buoy, kick board, stretch band, etc. No special purchase necessary – but FINS ARE REQUIRED. Running shoes, water bottle, light jacket (high desert mornings can be nippy.) Long and short sleeves, shorts and pants but not a lot of clothes.
- Deadline:** Please send the Application to Silas Almgren **received** by Monday, May 26th, 2014 65740 Little Way, Montrose, CO 81401 or to [silas.almgren@gmail.com](mailto:silas.almgren@gmail.com).
- Questions:** Silas Almgren 275-8250, [silas.almgren@gmail.com](mailto:silas.almgren@gmail.com)

# Western Slope Swim League Peak Week Training Camp 2014 Application

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Team: \_\_\_\_\_ USA #: \_\_\_\_\_

Parents: \_\_\_\_\_ Contact #: \_\_\_\_\_

Coach's recommendation: (your coach may call or email either Silas you prefer)

Why do you wish to attend? What do you expect to gain from camp? What will you contribute to make this camp a great experience for all in attendance?

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## Medical Release Form

Name of Athlete: \_\_\_\_\_ Birth date: \_\_\_\_\_ M F

Name of Parents: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone # : \_\_\_\_\_

### Student Health Concerns:

It is our commitment to do our best to protect and maintain your child's health. Please be detailed with the following questions. This will assist us in making the right decision in the least amount of time.

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Conditions/Diseases that afflict him/her:

\_\_\_\_\_

Recommended procedures to handle health issues:

\_\_\_\_\_

Alternate phone numbers or addresses where staff can contact you or a responsible adult in case of emergency:

\_\_\_\_\_

### Medical Release Agreement

Acting as the parent or legal guardian, I retain full liability for any physical injury to my child which occurs during the participation in any Zone 4 Swim Camp event or activities. I hereby give Zone 4 Distance/Stroke Camp Staff permission to render such medical and hospital care as, in their judgment, may seem advisable for my child in the event of injury, illness or accident.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date