

## Welcome to the **2010 Championship Swim Camp at UMass**

Please read through the enclosed packet. We hope the following information will answer all of your questions. If you need more information about our camp, please contact Camp Directors:

Bob Newcomb at 413-545-4342 (email [rnewc@admin.umass.edu](mailto:rnewc@admin.umass.edu))  
Russ Yarworth at 413-545-0093 (email [yarworth@admin.umass.edu](mailto:yarworth@admin.umass.edu))  
Fax #: 413-545-3799.

### Please take a moment to look over this Registration Checklist:

- Fill out and sign Registration Form. Send it in with deposit enclosed.
- Arrange for physical or for your physician to fill out Medical Form
- Send in Medical Form when it is completed

### Other forms to fill out:

- Camper Background Form
- Early release form. Every camper needs to have this form filled out even if the parents are picking up the campers.
- Parental/Guardian Permission for Early Release of Campers (For all commuters/residents that are leaving camp during the week other than the usual dismissal time)
- Send in balance due by June 7, 2010. When making final payment, please indicate your child's name on the check. Please make checks payable to: CHAMPIONSHIP SWIMMING CAMP.

### General Information:

- **REFUND POLICY: NO REFUNDS WILL BE GRANTED AFTER THE SESSION HAS BEGUN.** The \$50.00 deposit is nonrefundable and non-transferable.
- Registration for both resident and commuter campers will take place on Sunday, June 28, from 12:00 to 1:00 pm. Information regarding registration location will be posted on the website closer to actual camp dates.
- The first swim/lecture session will start at the conclusion of registration. No lunch on Sun., June 27. The first meal is dinner for residents. The following map shows the parking area for registration (in red). A more detailed map of the University and the surrounding area can be found on our website, [www.championshipswimcamp.com](http://www.championshipswimcamp.com). Please allow ample time for registration.
- Room keys will be given during registration. A \$50.00 key deposit in the form of a check will be collected at that time. These checks will be returned during dorm check out with the successful return of the room key. These checks will not be deposited unless the key is lost. **DO NOT SEND THE KEY DEPOSIT TO US.** Please make checks payable to Championship Swimming Camp.
- All campers (commuters and residents) will be issued a meal card at registration. These must be presented to gain access to the dining room. Cards are only good for the duration of the camp and are disposable upon conclusion of each session. If arriving late, due to meet, etc., call the swim office.
- Please note! Registration location and directions will be available on the camp website closer to the actual dates of camp. Check [www.championshipswimcamp.com](http://www.championshipswimcamp.com) for further details.

## *Championship Swim Camp Info., p. 2*

- **MEDICAL POLICY and MEDICAL / IMMUNIZATION HISTORY:** Each camper must submit the camp medical form, completely filled out, before attending the Championship Swimming Camp and list health/medical insurance provider information.
- **COMMUTERS (Stroke Camp) -DAILY PICK UP AND DROP OFF:** Commuter pick up and drop off each day will be outside the Boyden Building on the north side near the large parking lot. Drop off time is by 8:30 am and pick up time is 5:00 pm.
- **COMMUTERS (Training Camp) -DAILY PICK UP AND DROP OFF:** Commuter pick up and drop off each day will be outside the Totman Building in Lot 43. Drop off time is by 8:00 am and pick up time is 5:00 pm.
- **TELEPHONE AND MAIL INFO:** Parents who wish to send a message to their child during the week can call the following numbers. Please limit the calls to important or emergency matters only. Your child will be notified by the camp directors.

Camp Director Cell Phone: 413-695-3186 This will be on for the duration of the camp.

Swimming Offices: 413-545-4342 / 413-545-0093

Campus Police Department: 413-545-2121 Emergency Only!

- To send a letter please address it in the following manner:

Swimming Office

Attn: Child's name- Swimming Camp

131 Commonwealth Ave., UMASS

Amherst, MA 01003

- **WHAT TO BRING (RESIDENTS):** Residents must provide all personal articles including pillow, blanket and sheets, sun block, soap, toothbrush and toothpaste and towels. A reading lamp is recommended for extra light in the room and since the rooms are not air conditioned a fan is highly recommended. A reliable alarm clock and/or watch to get places on time! We are also recommending a Phone Card with instructions for its use.
- **WHAT TO BRING (ALL CAMPERS):** Equipment appropriate for practice: suits, caps, goggles and extra towels. Tshirts, shorts and athletic shoes are suggested for the Stroke Camp and required for the Training Camp. Kick boards, pull buoys and other necessary equipment will be supplied by the camp program.
- **MEALS:** Commuters will be provided with lunch each day beginning on Monday, June 28. Residents will be provided with three meals each day beginning with dinner on Sunday, June 27. No lunch will be served on Registration Day, Sunday, June 27.
- **CAMPER RESPONSIBILITY:** Each camper is responsible for all articles issued to or used by him/her while at the Championship Swimming Camp at UMass (i.e. room keys, furniture, etc.). Campers will be billed for all lost or damaged items.
- **RULES AND REGULATIONS:** All campers enrolled in the Championship Swimming Camp at UMass are required to comply with the rules and regulations of the University of Massachusetts and the Championship Swimming Camp at UMass. Any violation or abuse of these rules will cause immediate dismissal from the camp without refund.

*Championship Swim Camp Info., p. 3*

- **HOUSING:** This will be located in the Northeast Residential Complex. Our staff is on duty and in the building whenever the campers are there. Room assignments will be announced at registration time. We cannot guarantee room requests but we do everything possible to comply with them.
- **MOVING AROUND THE CAMPUS:** The campers will always move about the campus with a staff member. They are never allowed to roam the campus by themselves. Some campers will go to the pool by University vans.
- **DINING COMMONS:** All meals will be taken in one of the dining facilities located in the Campus Center. A wide variety of food is provided and the campers are monitored during the mealtimes.
- **PERSONAL AUTOMOBILE USE:** No campers will be allowed to use an automobile during their attendance. Car keys must be turned in to one of the Camp Directors at registration.
- **SWIMMING CAMP GIFTS:** Each camper will be provided with a Championship Swimming Camp tshirt.
- **LOST ARTICLES:** The Championship Swimming Camp at UMass is not responsible for lost articles or for any personal articles left in the rooms when participants leave campus. Any articles found will be brought to the Swimming Office and kept until 9/1/10.
- **TRANSPORTATION:** Parents consent to all van and bus rides provided by the Championship Swimming Camp at UMass. These are used to get the campers back and forth to the various pools.
- **LEAVE WITH PERMISSION:** Once the camp has begun, under no circumstances may a camper leave the confines of the University Campus without 1) supervision by camp personnel, and 2) signed parental release form (available at registration).
- **CLOSING CEREMONIES:** Closing ceremonies will be held on Thursday, July 1 at approximately 11:45 pm. These ceremonies will be held outside the Boyden Pool (or inside the pool if the weather is poor).
- **TEAM DISCOUNT PROGRAM:** If 8 or more of your team members sign up to attend our Swimming Camp by JUNE 1 you can receive our special discount. Residents will receive a \$15 credit and commuters will receive a \$10 credit. This credit will be applied to your balance due. You must have indicated on your Enrollment Form your team affiliation for the discount to apply.
- **FAMILY DISCOUNT PROGRAM:** Responding to the requests of some of our regular camp families, we are instituting a discount for this summer. We will apply a discount of \$15 for a resident and \$10 for a commuter for every child, after the first (oldest), of the same family. This discount will be applied to your balance due.

## Championship Swim Camp 2009--Registration Form

Please print a copy of this form, and fill out all of the required information, and return to:  
Championship Swim Camp  
131 Commonwealth Ave.  
UMass  
Amherst,MA 01003-1010

Questions? Contact Bob or Russ by phone or email:  
rnewc@admin.umass.edu, yarworth@admin.umass.edu  
Bob Newcomb: 413-545-4342, Russ Yarworth:413-545-0093 Fax: 413-545-3799

### Camper Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Parent email: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_ T-shirt size: (adult sizes)S \_\_\_ M\_\_\_ L \_\_\_ XL\_\_\_

Team affiliation: \_\_\_\_\_

Roommate preference: \_\_\_\_\_

Camp Attending (check one): Stroke Camp:\_\_\_\_\_ Training camp:\_\_\_\_\_

Cost per Session (check one): Resident \_\_\_\_\_ \$485 Commuter \_\_\_\_\_ \$310

Total tuition \$ \_\_\_\_\_

Deposit enclosed \$50 (non-refundable)

Balance due \$ \_\_\_\_\_

Please note: It is not possible to request a triple room. Triples are used to make sure that no child is alone in a room if there is an odd number of campers registered.

### Parental Consent

I have read and understand all the information presented in this brochure. The information on this enrollment form is complete and correct. I understand attendees must have their own hospitalization insurance, information must be included on medical health form. I understand I must complete the medical history form (to be sent with the information packet) before my child may attend this camp. I consent to all the van and bus rides provided by the Championship Swim Camp at UMass. In case of medical emergency, I hereby give permission to the camp's authorized physician, to secure proper treatment for, and to order injection or minor surgery of my child, as named above.

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

SWIMMING CAMPER BACKGROUND INFORMATION

NAME \_\_\_\_\_

CAMP ATTENDING: \_\_\_\_\_ STROKE \_\_\_\_\_ TRAINING

CHECK ONE: \_\_\_\_\_ RESIDENT \_\_\_\_\_ COMMUTER

AGE \_\_\_\_\_ SEX \_\_\_\_\_

NAME OF PRESENT TEAM \_\_\_\_\_

WHAT TYPE OF TEAM IS THIS \_\_\_\_\_  
(USS, YM/YMCA, HIGH SCHOOL, REC. LEAGUE TEAM, etc.)

YEARS SWIMMING COMPETITIVELY \_\_\_\_\_

AVERAGE YARDAGE IN A WORKOUT \_\_\_\_\_

HOW LONG (TIME) ARE YOUR WORKOUTS? \_\_\_\_\_

FAVORITE STROKE \_\_\_\_\_

LEAST FAVORITE STROKE \_\_\_\_\_

Please list your best times in the appropriate spaces, you do not need to fill in each space.

FREESTYLE	BACKSTROKE	BREASTROKE	BUTTERFLY	IM
25 _____	25 _____	25 _____	25 _____	25 _____
50 _____	50 _____	50 _____	50 _____	50 _____
100 _____	100 _____	100 _____	100 _____	100 _____
200 _____	200 _____	200 _____	200 _____	200 _____
500 _____	500 _____	500 _____	500 _____	500 _____

**CHAMPIONSHIP SWIMMING CAMP at UMASS  
PARENTAL / GUARDIAN RELEASE AUTHORIZATION LIST**

I, the undersigned parent/guardian, authorize the following people be allowed to pick up my child

\_\_\_\_\_ from the Championship Swimming Camp at UMass. I understand that only the people listed below will be allowed to pick up my child and any changes to this list must be made by me in person. Persons picking up the camper listed above will be required to show a valid, government issued ID.

- |          |                                     |
|----------|-------------------------------------|
| 1. _____ | _____                               |
| Name     | Relationship to Camper listed above |
| 2. _____ | _____                               |
| Name     | Relationship to Camper listed above |
| 3. _____ | _____                               |
| Name     | Relationship to Camper listed above |

\_\_\_\_\_  
Name of parent or legal guardian      Signature of parent or legal guardian

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Upon your signature, the above releases and discharges the University of Massachusetts, its trustees, officers, employees and agents from any and all claims, demands and lawsuits for any injury or harm received while in custody of above named guardian of the minor participant.

**PARENTAL PERMISSION for EARLY RELEASE of CAMPERS**

I, the undersigned parent/guardian, release \_\_\_\_\_  
name

from custody name of child of the Championship Swimming Camp at UMass

on \_\_\_\_\_ at \_\_\_\_\_  
day and date                      time

He/she will return to camp by \_\_\_\_\_ at \_\_\_\_\_  
day and date                      time

The person(s) taking my child is/are listed on the PARENTAL RELEASE AUTHORIZATION FORM above.

\_\_\_\_\_  
Name of parent or legal guardian      Signature of parent or legal guardian

**MEDICAL AND IMMUNIZATION HISTORY · CHAMPIONSHIP SWIM CAMP · 2010**

Section 1: To be completed by Parent or Guardian, and returned to program.

Name \_\_\_\_\_ Sex: M\_\_ F\_\_  
last, first, m.i.)

Birth Date: \_\_\_\_\_ Social Security#: \_\_\_\_\_  
month/day/ year

Address: \_\_\_\_\_  
number and street

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Father: \_\_\_\_\_

Tel. (day): \_\_\_\_\_ Tel. (eve.): \_\_\_\_\_

Mother: \_\_\_\_\_

Tel. (day): \_\_\_\_\_ Tel. (eve.): \_\_\_\_\_

Guardian is:  
\_\_\_ Father \_\_\_ Mother Other : \_\_\_\_\_  
name, address, tel. #

In case of illness or emergency the name and tel. # of a person to contact, relation to participant:  
\_\_\_\_\_

Family Physician or HMO:  
\_\_\_\_\_  
name, address, tel. #

Family Dentist :  
\_\_\_\_\_  
name, address, tel. #:

Medical Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

In case of medical emergency, I hereby give permission to the University Health Service staff to hospitalize, to secure proper treatment for, and to order injection or minor surgery for my child, as named above.

\_\_\_\_\_ participant name (print)  
date parent/guardian signature

**SECTION 2: PHYSICAL EXAMINATION**

Date of last exam (Must be in the past 12 months and done by a Medical Provider) : \_\_\_\_\_

H:  Allergies  Heart  Neurological  Whooping Cough  
 Diabetes  Kidney  Tuberculosis  Disabilities  
 Varicella  Lung Other (list) \_\_\_\_\_

Pertinent Medical History: Summary of significant treatment program including names/doses of Medications to be used while at camp. Please attach list of required medications.  
(Note--Medications MUST be in a container with the original label)

**SECTION 3: IMMUNIZATIONS (MONTH/DAY/YEAR)**

Has completed primary series of tetanus/diphtheria? (Four doses)  Yes  No

Has completed primary series of polio immunization?  Yes  No

Primary Series - type of vaccine:  OPV  IPV  E-IPV \_\_\_\_\_  
mo./day/year

Last Booster - type of vaccine:  OPV  IPV  E-IPV \_\_\_\_\_  
mo./day/year

Diphtheria/tetanus (Td) must be within last 10 years \_\_\_\_\_  
mo./day/year

Mumps must be after age 12 months or Positive Rubella Titer (blood test) \_\_\_\_\_  
mo./day/year

Measles #1 (Rubeola, Red Measles) -  
must be after age 12 months, or MMR #1 or Positive Measles Titer (blood test) \_\_\_\_\_  
mo./day/year

Measles #2 (Rubeola, Red Measles) - must be at least 30 days after , or MMR #2 \_\_\_\_\_  
mo./day/year

Rubella (German Measles) -  
must be after age 12 months, or Positive Rubella Titer (blood test) \_\_\_\_\_  
mo./day/year

Hepatitis B - if born after 1/1/92 - Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_  
mo./day/year mo./day/year mo./day/year

Medical exemption: The above named person does not have on or more of the required immunizations because he/she has medical problems that preclude the \_\_\_\_\_ vaccine(s).

\_\_\_\_\_ health care provider signature and/or stamp \_\_\_\_\_ date

\_\_\_\_\_ printed name \_\_\_\_\_

\_\_\_\_\_ address \_\_\_\_\_ tel. # \_\_\_\_\_