

**USA Swimming**



**HOSTED BY CONNECTICUT SWIMMING INC.  
SANCTION #S03-5**

Connecticut Swimming, Inc. will be hosting a USA Swimming LSC "Catch the Spirit" Camp on Saturday November 1, 2003 at Pelz Pool at Southern CT State University. The camp is designed to combine educational sessions, water activities and social opportunities for swimmers. Topics covered in the all day session include stroke mechanics, starts, turns and finishes, as well as nutrition, practice preparation, peer pressure and sportsmanship. The coaching staff is made up of Age Group coaches from throughout Connecticut.

The camp is open to all 9 & 10 year olds. Swimmers must be registered with CT Swimming in order to participate in the camp. Participation is limited to the first 50 swimmers to register. The cost of the camp is \$35. Lunch and snacks will be provided and each swimmer will receive a camp T-shirt, cap and other prizes. Registration will begin at 8:45 a.m. The camp will begin at 9:00 a.m. and conclude at 4:30 p.m.

To register for the camp, please complete the attached application and medical authorization form and mail them with the \$35 registration fee (checks made payable to "CT Swimming, Inc.") to:

Susan Lecza  
CT Swimming Inc.  
92 Limewood Avenue, #2C  
Branford, CT 06405

*Notice of confirmation will be sent on or about October 18<sup>th</sup>. CT Swimming reserves the right to cancel this camp if less than 30 applications are received.*

If you have any questions, please contact the CT Swimming office at (860) 657-1164, or [office@ctswim.org](mailto:office@ctswim.org)

# USA SWIMMING LSC "CATCH THE SPIRIT" CAMP ATHLETE APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Club Name \_\_\_\_\_

DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

USA Swimming Member # \_\_\_\_\_

Your member # is a 14 digit ID starting with your 6 digit birthday, followed by the first 3 letters of your first name, your middle initial, and ending with the first 4 letters of your last name. Any blanks are filled in with an \*.

T-shirt size (adult)    S        M        L        XL

Please list any dietary considerations:

\_\_\_\_\_  
\_\_\_\_\_

Return this application with the medical authorization form and \$35 camp registration fee (made payable to CT Swimming Inc.) to:

Susan Lecza  
CT Swimming Inc.  
92 Limewood Ave. #2C  
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# USA SWIMMING LSC "CATCH THE SPIRIT CAMP" MEDICAL AUTHORIZATION AND RELEASE FORM

SWIMMERS NAME \_\_\_\_\_

## AUTHORIZATION AND RELEASE IN CASE OF EMERGENCY:

I hereby authorize the individuals listed below to act for me, and in my behalf, according to their best judgment in any emergency requiring medical attention to be administered to my child, until such time as I may be contacted. USA Swimming, Inc. (AUSS@), Connecticut Swimming, Inc. (ACSI@). Such individuals and anyone relying upon this authorization is hereby released from any liability to me or my child from decisions made by such individuals pursuant to this authorization and release. This release and authorization is effective for the duration of the LSC "Catch the Spirit" camp, or until revoked by me in writing and delivered to the affected persons. I hereby assume full responsibility for payment of any medical treatment or related services incurred in connection with such emergency. If my child is injured while participating in the LSC "Catch the Spirit" camp, my child and I agree to waive any legal claim against USA Swimming, Connecticut Swimming, and the coaches and staff of the camp.

## GOOD HEALTH REPRESENTATION:

I represent and agree that my child is in good health and physical condition. I am unaware of any disease or injury that could result in his/her health being jeopardized during the LSC "Catch the Spirit" camp.

I have indicated below any special health, medical or physical conditions, including any required medication, of my child, which should be known by the camp coaches and staff, or the doctor/nurse in case of emergency. (If your child suffers from a serious or life-threatening illness, please explain on the back of this page.)

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

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

Medical or Physical Conditions: \_\_\_\_\_

## THIS FORM MUST BE SIGNED BY THE SWIMMER AND BY A PARENT OR LEGAL GUARDIAN OF THE SWIMMER

Swimmer Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## PLEASE INCLUDE ALL TELEPHONE NUMBERS WHERE A PARENT OR GUARDIAN MAY BE REACHED IN CASE OF AN EMERGENCY

\_\_\_\_\_  
Mother Home Office Cell

\_\_\_\_\_  
Father Home Office Cell

\_\_\_\_\_  
Guardian Home Office Cell

