



Total Performance Swim Camps

Camp Admin: 620 W. Waveland Ave. #3E – 773-904-7976 sholcomb@tpscamps.com


Dear Camper!

Thank you for completing the on-line application to the Total Performance Competitive Stroke Camp. After we review your application, you will receive an email confirming your spot at camp.

During your stay at Calvin, you will interact with coaches who have achieved extraordinary success in our sport, as well as counselors who are NCAA Champions and /or All-Americans. Leading professionals in the area of physiology, psychology, strength/power, biomechanics, etc., will provide up-to-date information on the “total approach” to swimming performance. This is one of the best camp staffs in the country and we look forward to working with you this summer.

This newsletter will provide information on details of the camp, along with the needed health forms & travel form. If you have any additional questions, please feel free to email us at sholcomb@tpscamps.com or call (773-904-7976). Check out our FAQ page for more camp information on our REGISTRATION INFORMATION page.

If you have paid your deposit by credit card, we will process the final camp payment from your credit card between May 15 and May 30. If you have changed credit cards since you registered, please contact us at sholcomb@tpscamps.com or call 773-904-7976.

Whether you pay by credit card or check or money order, **the medical and travel form along with a copy of your medical insurance card is DUE before MAY 15.** The forms may be scanned and emailed to sholcomb@tpscamps.com or mailed to TPSC, 620 W. Waveland Ave. #3E, Chicago, IL 60613 before MAY 15. 

If you wish to pay by check or money order, (payable to TPSC) please mail to the address above. The deposit is due with the paper application (found on the FORMS page) and final camp payment is due before May 15.

Please bring completed Coach Evaluation forms to camp with you.

Finally, no camper will be allowed to participate unless all fees have been paid and all forms (health, travel, and proof of insurance) have been submitted in full.

Thanks again... And keep an eye out for a camp acceptance email from us. If for some reason, you do not receive an email within a day or two after you have sent your on-line application or after mailing your check and paper application, please call 773-904-7976 to make sure we have received it.

Swim Fast!

Dan Gelderloos, Jim Steen and the TPSC Staff

The Total Performance Program

Each swimmer will be screened and assigned to a White or Maroon Group, according to skill level, age, and training ability. Generally, swimmers age 12 and under are placed in the White Group, and swimmers age 13 to 18 are in the Maroon Group. Each group will be further subdivided into smaller sections, allowing for greater individual attention. Our camper to staff ratio is approximately eight to one. Each weekly session will include:

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| <ul style="list-style-type: none"> • Two or three daily pool training sessions, including one devoted exclusively to stroke drills. • One dry-land session per day, with emphasis on the development of strength, power, and flexibility. • Four classroom sessions on "Butterfly, Breaststroke, Backstroke, and Freestyle Stroke Technique". • Four videotaping sessions covering all strokes and turns. • Four critique sessions of individual camper's strokes and turns; each camper will be given a DVD with remarks about all four strokes at the end of the week. | <ul style="list-style-type: none"> • One classroom session on "Swimming Physiology" with Guest Lecturer. • One classroom session on "Swimming Psychology" with Guest Lecturer. • One demonstration and lecture, and one practical (Purple Group only) on "Strength and Power Training for Swimmers" with Strength Coach. • Classroom sessions and individual discussions on "Race Preparation" with the T.P.S.C. staff. • Camp Swim Meet (Time Trials) at 1:00 pm on last day of camp. Parents are welcomed and encouraged to attend. |
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One of the main objectives of the camp is to teach you how to train more effectively. For this reason, we would like to encourage you to come to the camp in shape. The Maroon group will train twice a day and log approximately 24-32,000 yards for the week (adjustments are made according to ability level). The white group will log about 12-26,000 yards. If you are not participating in a swim program prior to the start of camp, we suggest a three-week build-up of yardage starting at about 50%, 60%, then 75% of camp yardage. It has been our experience that swimmers gain much more from the camp with a training background behind them.

Payment Procedure

A camp deposit is required by check when mailed with your paper application. The balance of the camp fee is **due MAY 15**. If you have paid your deposit by credit card, we will process the final camp payment from your credit card between May 15 and May 30. Cancellation will result in refund of all camp fees, less \$100.00. If reasonable notice of cancellation (at least 48 hours prior to the start of camp) is not provided, we reserve the right to retain all payment received.

Airport Shuttle

The camp will provide a pick-up and return service for any campers flying into the Gerald R. Ford International Airport (GRR). A fee of \$20.00 will be charged for the round trip transportation: \$10.00 one-way transportation. This is payable with the remaining camp fee. This fee can be charged to your credit card, if you wish. If interested in the service, please schedule your airline flight to arrive some time before 12:00 noon and your departure after 3:00 pm (See Travel Form) Also, please attach a copy of your flight itinerary to the travel form.

Registration and Departure

Registration will take place at 1:30 pm (EST). Please follow "Swim Camp" signs to the registration site. Campers will pick up their room key at registration and check belongings into their dorm room. After check-in, resident counselors will take campers to the Venema Aquatic Center. On the last day of camp the time trials will begin at 1 pm & conclude around 2:00 pm with check out taking place immediately afterwards. We would prefer campers not to leave before scheduled departure time. Parent's welcome to come early & watch the Time Trials.

Camp Rules:

- Smoking of any kind, the use of illegal or non-prescriptive drugs, consumption of alcoholic beverages, is strictly prohibited during camp stay.
- Swimmers are not permitted to drive cars or leave the campus while at camp. Automobile keys will remain with the camp director until departure time.
- Any individual whose behavior is deemed unsuitable or detrimental to the best interest of the camp is subject to immediate dismissal without refund.

Recommended Clothing and Equipment

2 – swim suits 2 – swim caps 2 – swim goggles 1 - swim bag 1 – gym shoes 5 – pair socks 1 – sweat shirt	5 – T-shirts 3-4 pair gym shorts 1 - pair long pants Underwear 1 – laundry bag Personal Toiletries 2 – large towels	1 – small fan 1 – umbrella 1 – alarm clock 1 – prepaid calling card Notebook & pen Linens - Blanket, Sheets (extra long), Pillow & Pillowcase.
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Calvin College does not provide linens, so please plan accordingly. Please make sure that personal items are labeled. We recommend that all valuables be left at home. We will not be responsible for any clothing, cameras, music equipment, money, etc. that is lost, damaged or misplaced while at camp.

Convenience Items

Convenience items for personal use may be purchased at the Calvin College Bookstore, or at "Johnny's" snack shop. Pocket money in the amount of \$10-\$30 is suggested for the camper's personal use (college souvenirs, magazines, toiletries, snacks, etc.)

Medical Care

Be sure to complete both pages of the health form, including parents home and business phone numbers, and name and address of another family member. Health care cannot be provided unless permission to treat has been authorized on the health form. **We also need a copy of your medical insurance card.** The Spectrum East Hospital is within three miles of the campus in case of emergency. Campers will be provided any medical treatment that might be required, with all bills for such medical service sent to parents at the end of the session. Every attempt will be made to contact parents in an emergency situation.

Telephone Calls

Dorm telephones will be available to campers. If there is an emergency, campers can be reached through their counselor. We ask that parents and friends refrain from calling, except in the case of an emergency. It is suggested that all correspondence be conducted through letters. Parents will receive a list of counselors phone numbers and camp address upon registration. The Calvin College Swimming Office number is (616) 526-6703. Please be assured that we will make every effort to contact parents if there is an emergency, or if it is in the best interest of the camper.

Lost Key

College policy requires that a lost key must result in replacement, not only of the key, but also of the entire door lock. Any camper losing a dorm room key will pay the cost of replacement – \$50.00. We've had few lost keys in the past, and this year we hope we don't have any. In addition, if a camper damages his dorm room or other campus property, the camper may be billed for the repair amount. Any such amount owed by a camper will be billed to his parents after the conclusion of the camp session.

Directions to Calvin College

From Gerald R. Ford International Airport (GRR)

Approx. distance 5 miles, Estimated Time: 20 mins

Take 44th Street west out of the airport about 1 mile to Broadmoor Avenue. Turn right going north on Broadmoor about 3 miles (6 traffic lights) to Burton Street.

NOTE: that Broadmoor Avenue turns into the East Beltline (M-37) at 28th Street. Calvin College is on the northwest corner of the East Beltline and Burton Street. The Calvin College sign will be on your left.

From Lansing

Approx. distance 63 miles, Estimated Time: 1 hr

Take I-96 west to the 28th Street exit (Exit 43a). Go west on 28th Street about 3 miles to the East Beltline (M-37). This is a major intersection just past Center Pointe Mall and TOYS 'R US on your right. Turn right (north) onto the East Beltline and drive about 1 mile (3 traffic lights) to Burton Street. Calvin College is north of Burton Street. An entrance to campus is on the right (east) just beyond the pedestrian overpass.

From Muskegon

Approx. distance 42 miles, Estimated Time: 50 mins

Take I96 east to the East Beltline exit (Exit 38). This is a tricky exit because you need to get off soon after I196 merges onto I96. After exiting take a right at the traffic light and go south on the East Beltline about 3 miles (4 traffic lights). The entrance to the campus is on the west side of the East Beltline, past Lake Drive (the fourth traffic light).

From Holland

Approx. distance 30 miles, Estimated Time: 30 mins

Take I196 east to the East Beltline exit (Exit 38). This exit is soon after I196 merges onto I96. At the top of the ramp take a right and go south on the East Beltline about 3 miles (4 traffic lights). The entrance to the campus is on the west side of the East Beltline, past Lake Drive (the fourth traffic light).

From Kalamazoo

Approx. distance 51 miles, Estimated Time: 1 hr

Take US131 North to the Burton Street exit (Exit 82). Go east on Burton Street about 4 miles to just before the East Beltline (10 traffic lights from the Expressway). You will see the Calvin College entrance sign on your left.

<h2 style="margin: 0;">Calvin Competitive Stroke Camp Medical Forms</h2>
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Calvin Competitive Stroke Camp Session: June - _____

Name: _____ Age: _____

Birth date: _____ Height: _____ Weight: _____ Male _____ Female _____

Immunization History:

This is a record of the dates of basic immunizations and the most recent booster doses.

Dtap / TD / Tdap _____ Tetanus Booster _____

Polio OPV (sabin) _____ Booster _____

M.M.R. _____ Varicella (Chicken Pox) _____

Haemophilus influenza Type B _____ Hepatitis B _____

Health History: Check – giving approximate dates

	Allergies	Diseases
Ear Infections	Hay Fever	Chicken Pox
Rheumatic Fever	Ivy Poisoning, etc.	Measles
Convulsions	Insect stings	German Measles
Diabetes	Penicillin	Mumps
Behavior	Other drugs, etc.	Asthma

Do you have any health or injury problems related to swimming, such as tendonitis, swimmer's ear, allergic reactions to chlorine, etc.? _____ What has been the treatment for the problem?

Please discuss any health / injury precautionary measures that are required of you for participation in the swimming: _____

Are you currently taking medication? _____ If so, what? _____

Reason for taking this medication? _____

Are you allergic to any medication? _____ If so, what? _____

What is your reaction? _____

Physician's Name and Address: _____

Name: _____ Age: _____

Health Insurance Information: Please attach a copy of your medical insurance card.



Full Name of Insurance Company: _____
Name of Primary Insured _____
Social Security Number of Primary Insured _____
Date of Birth of Primary Insured _____
Policy Number: _____ Group Number _____

Parent's Information:

Parent's Name _____
Home Address _____
Phone _____

Dad's place of employment: _____
Dad's work phone number _____
Dad's Cell phone number _____

Mom's place of employment: _____
Mom's work phone number _____
Mom's cell phone number _____

Parent/Guardian Authorizations: This health history is correct and complete. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to Total Performance Sports Camps (TPSC) to provide routine healthcare and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the Camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the Director of Total Performance Sports Camps (TPSC) or their designee to secure and administer treatment, including hospitalization, for the student named above.

Indemnification: The undersigned parent/guardian of the registrant, for and in further consideration of Total Performance Sports Camps (TPSC) and Calvin College's accepting said registrant, hereby agrees to save and indemnify and keep harmless the said Total Performance Sports Camps (TPSC) and Calvin College, the individual members, employees, staff, faculty, agents, representatives, and officers from and against any claims, judgments, or demands which I, any other parent or guardian, the student, or any other person might make for any losses, damages, personal, mental, or physical injuries against any and all liability, arising as a result of any course of instruction or activity given the registrant by Total Performance Sports Camps (TPSC) or Calvin College. This release and assumption of risk shall bind myself, my heirs, my assigns, and my personal representatives.

Signature of Parent/Guardian _____

Printed Name _____ *Date* _____

If not available in an emergency, notify:

Name _____

Phone number ____-____-____



Parent's Consent For Possible Publication of Camp Photos:

I hereby grant deny permission to the Total Performance Swim Camp, LLC. (TPSC) to use my child's photograph, video, or likeness without further consideration, and I acknowledge TPSC's right to crop or treat the photograph at its discretion. **NO NAME USED, only picture.**

I also understand that once my child's image is captured and used, the image can be used to promote TPSC. Therefore, I agree to indemnify and hold harmless from the Total Performance Swim Camp, its officers, employees and staff.

Parent's Name: _____
Signature: _____

Calvin Competitive Stroke Camp Travel Form

*Please attach a copy of your flight itinerary to this travel form!

Name _____ Session June - _____

Camper's Cell Phone Number _____

Parent's Cell Phone Number _____

With Parents by Car _____ With Friends by Car _____

Personal Car _____ Bus _____ Other _____

Approximate Day & Time of Arrival _____

Approximate Day & Time of Departure _____

Travel by Plane _____

Airport — Gerald R. Ford International Airport (GRR)

Airline / Flight No. / Arrival Time / Date

Airline / Flight No. / Departure Time / Date

Do You Wish to Use the Camp Shuttle Service? Yes _____ No _____

Pickup? _____ Return? _____ Both? _____

Airport Shuttle Service:

The camp will provide a pickup and return service for any campers flying into the Gerald R. Ford International Airport (GRR).

The charge for this service is listed in the Camp Newsletter. This is payable with the remaining camp fee, which is due May 15. We can charge this fee to your credit card.

Please schedule your flight to arrive before 12:00 noon, and depart after 3 pm.

Due before May 15:

- Complete 2 page medical form
- Copy of medical insurance card
- Travel form
- Final camp payment if by check or money order

www.tpscamps.com

Mail to:

Sarah Holcomb, TPSC Camp Admin
620 W. Waveland Ave. #3E
Chicago, IL 60613

773-904-7976
sholcomb@tpscamps.com

Coach Evaluation Form

Swimmer Name _____

Club / High School _____

Age _____

Dear Coach –

The swimmer listed above will be attending the Total Performance Swim Camp this summer. At TPSC we work very hard to offer a camp that combines appropriate training with effective technique in a way that compliments everything you do. We want kids to come back to you with added energy and excitement, and a knowledge that works hand-in-hand with your efforts.

To help us do this, please take a few minutes to complete the pre-camp evaluation. This will help us place him/her in the proper group with the appropriate coach, target areas of improvement that you are already working on, and give our coaches a head's-up on his/her background and habits. With your input, we can provide a better experience for each swimmer, and ensure that we compliment your efforts and training. Finally, each camper will receive a DVD of each stroke, with encouragement to share it with you. We hope that you will find it useful

Simply return this evaluation to the swimmer who can bring it to camp. If you have any additional questions, don't hesitate to contact us.

Jim Steen

Camp Director

Please BRING completed Coach Evaluation Form to camp with you! 

THIS SECTION IS TO BE COMPLETED BY YOUR COACH

Coach Completing Evaluation _____

Club / High School _____

Coach E-Mail _____

Coach Phone _____

How many practices does he/she attend each week? _____

What is the average length of each practice (yardage)? _____

How long has he/she been training with your group? _____

What are 1-2 things you'd really like to see him/her accomplish at or bring home from camp?

We spend a lot of time on:		We don't spend much time on:	
<input type="checkbox"/> Technique/Drills	<input type="checkbox"/> Streamlining	<input type="checkbox"/> Technique/Drills	<input type="checkbox"/> Streamlining
<input type="checkbox"/> Training (Aerobic)	<input type="checkbox"/> Starts	<input type="checkbox"/> Training (Aerobic)	<input type="checkbox"/> Starts
<input type="checkbox"/> Training (Sprint/Anaerobic)	<input type="checkbox"/> Turns	<input type="checkbox"/> Training (Sprint/Anaerobic)	<input type="checkbox"/> Turns
<input type="checkbox"/> Kicking	<input type="checkbox"/> Stretching	<input type="checkbox"/> Kicking	<input type="checkbox"/> Stretching
<input type="checkbox"/> Sculling	<input type="checkbox"/> Dryland	<input type="checkbox"/> Sculling	<input type="checkbox"/> Dryland
<input type="checkbox"/> Games	<input type="checkbox"/> Videotaping	<input type="checkbox"/> Games	<input type="checkbox"/> Videotaping
<input type="checkbox"/> Other _____			

Please complete next page

Coach Evaluation Form – Give this to your home coach to fill out & then bring it to camp with you.

Swimmer Name _____

Club / High School _____

Age _____

Freestyle	Backstroke
<p>Stroke Strengths:</p> <p>Areas of Improvement:</p> <p>We've been working to improve...</p>	<p>Stroke Strengths:</p> <p>Areas of Improvement:</p> <p>We've been working to improve...</p>
Breaststroke	Butterfly
<p>Stroke Strengths:</p> <p>Areas of Improvement:</p> <p>We've been working to improve...</p>	<p>Stroke Strengths:</p> <p>Areas of Improvement:</p> <p>We've been working to improve...</p>

For Camp Staff Use Only:

GRP: _____

SECT: _____

COA: _____