



# Total Performance Swim Camps

Camp Admin: 620 W. Waveland Ave. #3E, Chicago, IL 60613 – 773-904-7976 –  
[sholcomb@tpscamps.com](mailto: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 Kenyon, 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](mailto: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](mailto: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](mailto: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!

**Jim Steen and the TPSC Staff**

*WWW.TPSCAMPS.COM – (773) 904-7976  
Kenyon College – Calvin College  
Colgate University - Franklin & Marshall College*



# Camp Newsletter

Camp Admin: 620 W. Waveland Ave. #3E, Chicago, IL 60613

## The Total Performance Competitive Stroke Camp Program

Each swimmer will be screened and assigned to a White or Purple 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 Purple 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:

- 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.
  - 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) 1 pm the last day of camp.  
Parents are welcomed and encouraged to attend.

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 Purple 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.

## Camp Rules

- Smoking of any kind, the use of illegal or non-prescription drugs, consumption of alcoholic beverages, is strictly prohibited.
- 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.

## Registration and Departure

Registration will take place at 12:00 pm-noon (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 Kenyon Athletic Center Natatorium for pre-camp benchmark measurements. 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.

## Convenience Items

Convenience items for personal use may be purchased at either the Kenyon College Book Store or the Village Market. Pocket money in the amount of \$20-\$40 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 Knox County Hospital is within five 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.

## Directions to Kenyon College

Kenyon College is located in Gambier, OH, five miles east of Mt. Vernon. From downtown Mt. Vernon, take Ohio Route 229 East (East Gambier St.). To reach Mt. Vernon:

- From the North or Northwest, take U.S. 23 South to Rt. 229 East.
- 
- From the East or Northeast take I-71 southwest from the Cleveland area, exiting on Ohio Rt. 13 South at Mansfield, or take I-80 and I-76 West to I-71, then Southwest on I-71 to Ohio Rt. 13 South at Mansfield. A more scenic drive is from I-71 to Ohio Rt. 83 South to Ohio Rt. 3.
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- From the East or Southeast, take I-70 West, exiting on Ohio Rt. 13 North at Newark, or take I-77 North from Charleston and the West Virginia Turnpike, then I-70 West to exit on Ohio Rt. 13 North at Newark.
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- From the West or Southwest, take I-71 Northeast from Columbus and exit at U.S. Rt. 36, proceeding East to Mt. Vernon.

## Telephone Calls

Each TPSC camper will have a telephone in his/her room for use throughout the camp session. You cannot call long distance on dorm phones without a calling card or reversing the charges. If there is an emergency, campers can be reached through the Camp Director. We ask that parents and friends refrain from calling, except in the case of an emergency. Parents will receive camp contact info upon registration.

The Kenyon College switchboard number is (740) 427-5000. 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 - \$25.00 -. 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 damages or takes other campus property, the camper may be billed for the repair and/or replacement amount. Any such amount owed by a camper will be billed to his parents after the conclusion of the camp session.

## Airport Shuttle

The camp will provide a pick-up and return service for any campers flying into the Port Columbus Airport (CMH). A fee of \$50.00 will be charged for the round trip transportation: \$25.00 one-way transportation. This is payable with the remaining camp fee. If interested in the service, please schedule your airline **flight to arrive some time before 11:00 am and your departure after 3:00 pm the last day of camp. Also, please attach a copy of your flight itinerary to the travel form.**

## Recommended Clothing and Equipment

- |                    |                       |                                      |
|--------------------|-----------------------|--------------------------------------|
| • Notebook and Pen | • 1 Sweatshirt        | • Cell Phone or Prepaid Calling Card |
| • 2 Swim Suits     | • 1 Pair long pants   | • Alarm Clock                        |
| • 2 Swim Caps      | • 5 T-shirts          | • Umbrella                           |
| • 2 Pair Goggles   | • 3-4 Pair gym shorts | • Small fan                          |
| • 1 Pair Gym Shoes | • Underwear           | • Bed Linens – extra long            |
| • 5 Pair Socks     | • Laundry Bag         | • Blanket & pillow - provided        |
| • 1 Swim Bag       | • 2 Large Towels      |                                      |
| • 1 Water bottle   | • Personal Toiletries |                                      |

Kenyon College does not provide linens, so please plan accordingly. Please make sure that personal items are labeled. All valuables should be left at home. We will not be responsible for any clothing, cameras, music equipment, etc. that is lost, damaged, or misplaced while at the camp.



# Kenyon Competitive Stroke Medical Form

Kenyon Competitive Stroke Camp Session: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ N/A \_\_\_\_\_

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

	<b>Allergies</b>	<b>Diseases</b>
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 medication? \_\_\_\_\_

\_\_\_\_\_

Are you allergic to any medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

What is your reaction? \_\_\_\_\_

\_\_\_\_\_

Physician's Name and Address: \_\_\_\_\_



# Kenyon Comprehensive Medical Form

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

**Health Insurance Information: 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 Kenyon College's accepting said registrant, hereby agrees to save and indemnify and keep harmless the said Total Performance Sports Camps (TPSC) and Kenyon 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 Kenyon 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: \_\_\_\_\_

# Travel Form

Name \_\_\_\_\_ Session #1 \_\_\_\_ #2 \_\_\_\_ #3 \_\_\_\_

Camper's Cell Phone Number \_\_\_\_\_

Parent's Cell Phone Number \_\_\_\_\_

With Parents by Car \_\_\_\_\_ With Friends by Car \_\_\_\_\_  
Personal Car \_\_\_\_\_

Approximate Day & Time of Arrival \_\_\_\_\_

Approximate Day & Time of Departure \_\_\_\_\_

Travel by Plane \_\_\_\_\_ \* Please attach a copy of your flight itinerary to this travel form!

Airport — Columbus International Airport (CMH)

Departing Airport or last leg of flight/ 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 Port Columbus International Airport. **The charge for this service is listed in the Camp Newsletter. This is payable with the remaining camp fee, which is due May 15.** This fee can be charged to your credit card.

**Please schedule your flight to arrive before 11:00 a.m. and depart after 4:30 pm.**

<p><b><u>Due before May 15:</u></b></p> <ul style="list-style-type: none"> <li>• Complete 2 page medical form</li> <li>• Copy of medical insurance card</li> <li>• Travel form</li> <li>• Final camp payment if by check or money order</li> <li>•</li> </ul> <p>Can scan &amp; email forms.</p>	<p>Mail to: Sarah Holcomb, TPSC Camp Admin 620 W. Waveland Ave. #3E Chicago, IL 60613</p> <p>773-904-7976 <a href="mailto:sholcomb@tpscamps.com">sholcomb@tpscamps.com</a></p> <p><b>www.tpscamps.com</b></p>
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## Coach Evaluation Form

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.

Swimmer Name \_\_\_\_\_

Club / High School \_\_\_\_\_

Age \_\_\_\_\_

<b>Freestyle</b>	<b>Backstroke</b>
<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>
<b>Breaststroke</b>	<b>Butterfly</b>
<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>