



# Total Performance Swim Camp

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


Dear Camper!

Thank you for completing the on-line application to the Total Performance Elite Breaststroke 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.

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*



# Kenyon Breaststroke Specialty Camp Newsletter

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

## Kenyon Elite Breaststroke Camp Program

Each athlete will be assigned to a training group of 5-8 swimmers for every pool session under the direction of one top-level coach, experienced in the dynamics of breaststroke training and performance. In all camp activities there will be approximately one coach for every six to eight campers. The Breaststroke Specialty Program includes:

- Fourteen training sessions in the water (an average of 3 per day), divided as follows: 4 Aerobic Sessions designed for Breaststrokers, 3 Power Sessions, 3 Stroke Transition Sessions, and 4 Detail Sessions (starts, turns, finishes, pullouts, and breakouts); each session will be relatively short, lasting between 50 and 80 minutes.
- Twelve exercise sessions out of the water, with emphasis on the development of strength, power and flexibility.
- Classroom sessions covering all aspects in the areas of technique, race development, and appropriate split strategies (for both the 100 and 200 Breaststroke).
- An introduction to Reactive Training (plyometrics for swimmers).
- Stroke-Specific Power Training on the "Power Rack."
- Relaxation Training, Visualization, and other Sport Performance Skills.
- Time Trials start at 10:30 am – parents welcome

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. Success in swimming – like most activities – requires a level of preparation and commitment that is consistent with one's expectations. We want you to get the most out of this opportunity.

## 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 Thursday time trials will begin at 10:30 am & conclude around 11:30-12:00 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.
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- 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.
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## 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.

## 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 for after 3:00 pm on the last day of camp.**



Kenyon Breaststroke Specialty Camp  
Medical Form

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 Breaststroke Specialty Camp  
Medical Form

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

**Health Insurance Information: Attach a copy of your medical insurance card.**

Full Name of Insurance Company: \_\_\_\_\_  
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** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_





*Kenyon Breaststroke Specialty Camp*  
*Photo Consent Form*

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**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: \_\_\_\_\_



Kenyon Breaststroke Specialty Camp  
Travel Form

Name \_\_\_\_\_ Camper's Cell Phone # \_\_\_\_\_

Dad's Cell Phone # \_\_\_\_\_ Mom's cell Phone # \_\_\_\_\_

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 — Port 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 Columbus 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 am** and **depart after 3:00 pm.**

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|--|--|
| <p><b><u>Due before May 15:</u></b></p> <ul style="list-style-type: none"> <li>• Complete 2 pages 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> </ul> <p><b>www.tpscamps.com</b></p> | <p>Mail to:</p> <p>Sarah Holcomb, TPSC Camp Admin<br/>620 W. Waveland Ave. #3E<br/>Chicago, IL 60613</p> <p>773-904-7976<br/>sholcomb@tpscamps.com</p> |
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