

METRO

AGE GROUP CAMP



SATURDAY, OCTOBER 22nd, 2016

7:30 A.M.–12:30 P.M. & 12:30 P.M.–5:00 P.M.

LA MIRADA SPLASH AQUATIC CENTER

13806 La Mirada Blvd.

La Mirada, CA 90638

- ❖ Morning Session open to two (2) athletes per METRO Team, ages 9-12*, with JAG/WAG qualification
- ❖ Afternoon Session open to three (3) athletes per METRO Team, ages 9-12*, with no time criteria

Registration Fee: \$25.00 - Lunch, T-Shirt, and other goodies will be provided

Registration Deadline: **October 17, 2016**

Athletes should bring: Practice suit, cap, towel, goggles and water bottle

Camp Director: Sergio Cervantes
sergioc5592@yahoo.com
323-422-2750

U.S. National Athletes in attendance: ***Jason Lezak & Kaitlin Sandeno***

*Age as of October 22nd, 2016

Sponsored by the Metro Committee

Goals & Objectives: The METRO Age Group Camp's focus is on creating a learning environment for more advanced competitors related to goal setting, visualization, relaxation, racing strategies, and leadership.

Tentative Schedule for Saturday, October 22, 2016

(Two Sessions)

First Session: Reserved for two (2) JAG applicants from each METRO Team, ages 9-12 (29 Teams X 2)

- 7:30 a.m.–8:00 a.m. Registration
- 8:00 a.m.–8:15 a.m. Team meeting, Welcome and Introductions
- 8:15 a.m.–8:30 a.m. Change
- 8:30 a.m.–9:50 a.m. First 3 Stations (20 minutes per station including transition time)
- 9:50 a.m.–10:00 a.m. 10 Minute Break
- 10:00 a.m.–11:00 a.m. Last 3 Stations (20 minutes per station including transition time)
- 11:00 a.m.–11:15 a.m. Change
- 11:15 a.m.–12:30 p.m. National Team Athletes Discussion
- 12:30 p.m. Lunch and Dismissal

Second Session: Open to all 9-12 athletes from METRO, limit 3 from each team (29 Teams X 2.5)

- 12:30 p.m.–1:00 p.m. Registration & Lunch
- 1:00 p.m.–1:15 p.m. Team meeting, Welcome and Introductions
- 1:15 p.m.–2:15 p.m. National Team Athletes Discussion
- 2:15 p.m.–2:30 p.m. Change
- 2:30 p.m.–3:50 p.m. First 3 Stations (20 minutes per station including transition time)
- 3:50 p.m.–4:00 p.m. 10 Minute Break
- 4:00 p.m.–5:00 p.m. Last 3 Stations (20 minutes per station including transition time)
- 5:00 p.m. Change and Dismissal

Station Coaches to be announced prior to Camp.

METRO
AGE GROUP CAMP



ATHLETE APPLICATION

NAME: _____

SESSION REQUESTED: A.M. P.M. GENDER: MALE FEMALE

DATE OF BIRTH: _____ AGE ON 1/23/16 _____ T-SHIRT SIZE _____

USA SWIMMING #: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE (HOME): _____ PHONE (CELL) _____

EMAIL ADDRESS: _____

MEDICAL AND/OR DIETARY CONSIDERATIONS: _____

CLUB NAME: _____

CLUB COACH: _____

COACH'S PHONE: _____

COACH'S EMAIL ADDRESS: _____

Return this application, Medical Release Form, and check/money order in person to Sergio Cervantes or via U.S. Mail to:

**Cerritos Aquatic Club
c/o Sergio Cervantes
3044 Sunnynook Drive
Los Angeles, CA 90039**

Please make checks payable to **SOUTHERN CALIFORNIA SWIMMING**

ALL FORMS AND PAYMENT MUST BE RECEIVED BY MONDAY, OCTOBER 17TH, 2016

(3)

Sponsored by the Metro Committee

**METRO AGE GROUP CAMP
SOUTHERN CALIFORNIA SWIMMING & METRO COMMITTEE
EMERGENCY & MEDICAL AUTHORIZATION FORM**

SWIMMER'S NAME: _____

PARENTS' NAME(S): _____

MOTHER'S CELL # _____ FATHER'S CELL # _____

HOME ADDRESS: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE # _____

MEDICAL INSURANCE CARRIER _____ POLICY # _____

Please tell us about any medical condition(s) your child has that we should be aware of (i.e. environmental and/or food allergies, medications, disabilities, etc.) All information will be kept strictly confidential.

MEDICAL AUTHORIZATION: I hereby authorize, consent and direct SOUTHERN CALIFORNIA SWIMMING, its directors, officers and employees and any physician, hospital and/or other healthcare provider selected by SOUTHERN CALIFORNIA SWIMMING to take such action as is necessary if circumstances require emergency care and related treatment for my above-named child in my absence, should the need arise while he/she is participating in the programs of SOUTHERN CALIFORNIA SWIMMING. I hereby designate SOUTHERN CALIFORNIA SWIMMING, its directors, officers, and employees as my authorized agent for the signing of any consent forms required by any such healthcare provider in connection with such healthcare.

PARENT'S SIGNATURE _____

DATE: _____