

# METRO

## AGE GROUP CAMP



**SATURDAY, OCTOBER 27th, 2018**

**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 - Snacks, T-Shirt, and other goodies will be provided

Registration Deadline: Monday, **October 22nd, 2018**

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

Camp Director:            Sergio Cervantes  
[sergioc5592@yahoo.com](mailto:sergioc5592@yahoo.com)  
323-422-2750

U.S. Olympic Gold Medalist in Attendance: ***Kaitlin Sandeno***

\*Age as of October 27th, 2018

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 27th, 2018**

#### **(Two Sessions)**

**First Session:** Reserved for two (2) WAG 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. Snacks 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 & Snacks
- 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 10/27/18 \_\_\_\_\_ 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 22nd, 2018**

(3)

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