2006 Peoria Swim Lab

Lab Registration

Camp Purpose

This camp is intended to enhance the technique of competitive swimmers. The focus will be on improving technique in the four competitive strokes, starts, turns, and relay exchanges. We also focus on the fun of swimming in a team environment.

Who May Participate:

Any boy or girl who will be entering 7th, 8th, Freshmen, Sophomore, Jr. or Sr. Year of High school in the Fall of 2006. All participants must know how to swim. Some competitive swimming experience is recommended.

Equipment Needed

Each swimmer should supply their goggles and competitive swim attire (Speedo style). Trunk style suits are not recommended.

Camp Staff

Damion Dennis, Special Presenter
University of California-San Diego
Shawn Ribordy, Camp Coach
Peoria Notre Dame
Derek Amerman, Camp Coach
Peoria Notre Dame

Camp Location

The camp will be hosted at Haussler Hall Pool on Bradley University's campus.

Time

June 5–June 8, 2006 (7:50pm – 9:30pm)
June 10, 2006 (12pm-2pm)

Camp Fees

$50.00 for each swimmer

Registration

Please mail the lower portion of this page and payment to:

ThinkBox Athletics
1407 W. Parkside Dr.
Peoria, IL 61606.

All registrations must be postmarked by **May 24, 2006**. Please make checks payable to: ***ThinkBox Athletics***.

For More Detailed Information

Please visit us at
www.thinkboxathletics.com
or contact Shawn Ribordy
Phone: 309-472-9045
Email: shawn@thinkboxathletics.com

(please detach at the dotted line and return the lower portion with your payment)

Swimmer Name: _____
Phone Number: _____ Birth date: _____ Grade (in Fall '06)_____
Address:_____ City_____ State____ Zip_____
Email Address:_____ Emergency Number:_____
Shirt Size (Circle one): S M L XL

For consideration of the foregoing, I for myself, my executors, administrators, and assignees, do hereby release and discharge ThinkBox Athletics, Bradley University, Shawn Ribordy, and other camp staff, sponsors and supporters from all claims and damages, demands, actions, whatever in any manner arising or growing out of my child's participation in this swim camp. I attest and verify that I have full knowledge of the risk involved in this event and that my child is physically fit and trained to participate in this camp. I also authorize any emergency medical treatment that might be deemed necessary by the camp staff, or responding physician during my child's participation in the camp. I also grant permission to use my child's picture, motion video, or likeness in any published report, future promotion, or coverage of the camp.

Parent Name (Printed): _____
Parent Signature:_____ Date: _____