



SUNDAY, APRIL 29, 2007
8:00AM TO 5:00 PM
FAIRLAND AQUATIC CENTER

~Open to the first 50 applicants ages 11-14 who have at least 2 JO cuts~
(Age is as of April 29, 2007)

\$20 Registration Fee

Lunch, snack, T-shirt and other goodies will be provided

Registration deadline is Saturday, April 14th

Athletes should bring practice suit, cap, towel, water bottle and goggles.
Please do not wear your team suit.

Tentative Schedule:

7:30-8:00	Sign In
8:00-10:00	Pool Session # 1 Warm up / Introductions/Icebreaker Activity Stroke specific workout
10:00-10:30	Change into clothes / snack
10:30-11:45	Classroom activities (nutrition, self talk, confidence building)
11:45-12:30	Lunch / video
12:30 – 2:00	Classroom activities (visualization, goal setting, stepping stone Meets, moving on to the next level)
2:00-2:30	Recognition/Awards/Wrap up Activities
2:30 – 3:00	Snack/ Change back into suit
3:00-5:00	Pool Session #2 Stations Final Game/Awards
5:00	Dismissal

PVS CATCH THE SPIRIT CAMP ATHLETE APPLICATION

Sunday, April 29, 2007

8:00am to 5:00pm at Fairland Aquatic Center

Name _____ Male _____ Female _____
Last First MI

Address _____
Number / Street City State Zip Code

E-mail _____ Phone _____

Birth date _____ USA Swimming registered athlete? Y N

USA registration number: _____

T-Shirt Size (please circle) Adult Small Adult Med Adult Lge Adult XLge

Club Name _____ Club Coach _____

You must have a minimum of 2 JO cuts in the age group you were on the first day of 2007 JOs. If you have aged up since JOs you are still eligible for this camp. List up to 6 events in which you qualified for JOs, but you must list a minimum of two.

EVENT	TIME	EVENT	TIME	EVENT	TIME
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

We will be conducting a stroke specific workout. Please indicate, in order, your preference of stroke. Free _____ Back _____ Breast _____ Fly _____ IM _____

What is the fastest interval you can hold a set of 5 X 100 Freestyle on? You might have to ask your coach. _____

Lunch and snacks will be provided. We will serve a box lunch (sandwich, chips, fruit and cookie) and several snacks throughout the day. If you have specific dietary concerns please let the Camp Director know.

Please circle your sandwich choice from the following:

Turkey sandwich Fresh tuna salad sandwich Roast Beef sandwich

Any medical considerations/Allergies: _____

There will also be a Parent Presentation presented by **Peter Clark, USA Swimming Sport Development Consultant for the Eastern Zone**. The parent's meeting will take place from 8:00 am to 10:00 am (the first two hours of the camp). The fee for parents is \$5 each, if you are interested please indicate below and include the \$5 in the fee check.

Name(s) _____ # attending _____

Please fill out & send application (both pages) and check to:

Terri Marlin
PVS Camp Coordinator
3212 Allness Lane
Herndon, Virginia 20171

If you have any questions you can reach me at: camp@pvswim.org or 571-334-0871

