



Dear 13 and over AAA Swimmers and Families,

First of all Congratulations on your accomplishments in achieving a AAA time in your age bracket. This is an elite group of competitors that Montana Swimming is proud to have. Your achievement has come with a lot of hard work and dedication to the sport of swimming. We admire you for the time and effort you have put into the pool. With that in mind, we will be keeping this year's camp restricted to AAA swimmers to give the most attention to you and bring this community of swimmers to the next level and provide a great Camp experience. The town of Bozeman would like to welcome you to join in the 2014 AAA Camp on May 24-26, 2014.

A few details you need to know about this year's camp are provided on the attached Agenda form. Some things we will include this year based on the requests of the Swimmers at last years AAA Camp:

- Social-time to socialize at the hotel, and team building through actives outside of the pool.
- Filming with the use of IPAD is being considered to give immediate feedback during camp
- FOOD! Catering from local businesses are being worked on to keep the athletes well fed and happy. There will also be a variety of healthy snacks available to them throughout camp.
- The Professional trainers from Health Balance will meet with swimmers to do dryland and provide nutritional advice for training and race day. We are working on adding a Yoga session to this years camp.
- Study Time- With Academic demands high as swimmers approach the end of the year, 1.5 hours of camp will be dedicated to a study hall time to give time to compete academic or leisure reading time.

It has also been a goal this year to keep costs to \$0 for swimmers in attendance. We recognize the financial struggles that being an elite swimmer can bring, therefore, we have budgeted time and money to make this a free camp. Your financial obligation lies in transportation to get to and from Bozeman.

Attached is also the MT Swimming Code of Conduct that must be adhered to during Camp. Please sign and return this and the basic information form attached to secure your spot. With the time at camp being short, swimmers in violation of the code of conduct will be removed from camp at the expense of the swimmer's family. We want this to be a positive, safe and healthy experience for all involved. We look forward to seeing you in May!

Please Mail the following forms to: AAA Camp/Barracudas, PO BOX 804, Bozeman, MT 59771

We appreciate your reply by May 3rd to finalize all needs for camp.

Sincerely,

Jade Sobek

MT Swimming Senior Development



AAA Camp Informational Application

Please Mail to: AAA Camp/Barracudas, PO BOX 804, Bozeman, MT 59771

Name Last: _____ First: _____ MI: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____

Parent(s) Name(s) : _____

Contact Phone: _____ Secondary Phone: _____

Second Emergency Contact: _____

Contact Phone: _____ Secondary Phone: _____

Club Name: _____ Coach: _____

USA Registration ID# _____

Roommate Preference: _____

*We will attempt to meet your request, but there are no guarantees.



Medical Information/ Medical Emergency Release

Allergies to Medications or Foods:

Current Medical Conditions:

Current Medications:

Family Physician Name: _____

Contact Phone: _____

Medical Insurance: _____

Policy Holder's Name: _____ Policy Number: _____

I state to you that my child is in excellent physical condition and in no way should his/her activities be limited or participation hindered due to any previously diagnosed ailment. I verify that the above information is complete and that my child has not been advised by a healthcare profession to avoid heavy exertion. Should my child's physical condition change between the time of this statement and the time your camp begins, I will notify MT Swimming staff.

I give full permission and authority to the MT Swimming Staff to seek medical care for _____ should a need arise. If, in the opinion of a licensed and practicing physician, my child needs medical or surgical services which require authorization or consent before being supplied, I hereby authorize MT Swimming staff to furnish on my behalf such authorization as may be required. I release MT Swimming Staff from any liability which may arise from the giving by it of such authorization. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantee is to be made to me as a result of the treatments, examinations, or surgeries required to treat my child. I agree to pay any hospital expenses, physician bills, or any other expenses incurred as a result of medical services provided to my child.

Parent / Guardian Signature: _____ Date: _____