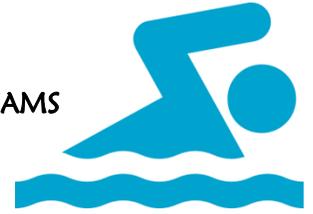




OriOwl Swim Camp

Run by the HARTFORD-SLINGER CO-OP SWIM TEAMS



Love to swim? Love to compete? Want to be faster in the pool?

- What?** A competitive swim camp to teach and refine the four competitive swim strokes (freestyle, backstroke, breaststroke, butterfly), starts, and turns, as well as build endurance and core strength, both in the pool and on deck. Camp will also include:
- iPad video stroke analysis
 - a little water polo
 - inter-squad swim meet finale
- Who?** Girls and Boys entering grades 5-10 interested in competitive swimming who can **safely** and **confidently** swim **at least** 25 yards (length of high school and Rec Center pools or ½ length of outdoor pool)
- When?** Mon-Thurs, July 16-19
3:00-5:00 pm
- Where?** Hartford Union High School pool
(at the back of the school, through Exit 7, then left)
- Cost?** \$20 (includes t-shirt)
- Coached by:** Pete Meinberg, Head Coach Girls Swim Team
Marcie Norton, Head Coach Boys Swim Team, JV Coach Girls
Troy Hagen, Assistant Coach Girls & Boys Swim Team
MacGyver Zepezauer, Assistant Coach Boys Swim Team
Current athletes from the girls and boys swim teams
- Questions?** marcie.norton@huhs.org OR pete.meinberg@huhs.org
- What do I need?** Check + completed registration form/concussion form (backside of page).
Competitive swim **goggles** (available at swimoutlet.com)
Swim suit appropriate for high level of activity in pool & on deck



ORIOWL SWIM CAMP REGISTRATION FORM

Name: _____ Grade in 2018/19: _____

T-Shirt Size (circle one): Youth S M L Adult S M L XL

Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Email Address: _____ Cell Phone: _____

Emergency Contact and Phone #: _____

***Make check payable to: Hartford Swimming**

Registration fees are nonrefundable

PARENT & ATHLETE CONCUSSION AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement:

I _____ have read the Parent Concussion and Head Injury Information (right column on <http://www.huhs.org/activities/index.cfm>) and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____ Date _____

Athlete Agreement:

I _____ have read the Athlete Concussion and Head Injury Information (right column on <http://www.huhs.org/activities/index.cfm>) and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____

Send check with this Registration Form/Concussion Agreement to:

Coach Pete Meinberg, 805 Cedar St., Hartford WI 53027

DEADLINE: July 1, 2018

(late registration is fine, but you won't get a shirt)