



## GLOBAL Altitude High Performance Swim Camps – 2019 General Information

### **Arrival At Camp (See Housing Check-in below for additional information):**

High Performance Camp Session #1 - Sunday July 7<sup>th</sup> - Residents Check-in, 1:00-3:00 pm

High Performance Camp Session #2 - Sunday July 14<sup>th</sup> - Residents Check-in, 1:00-3:00 pm

**Housing Check-in:** Resident campers should check in at the Home2 Suites by Hilton (1405 Plaza Drive, Highlands Ranch, Colorado), 2 miles from our Northridge Recreation Campus at Highlands Ranch, any time between 1:00-3:00pm on the Sunday arrival day. Camp Coaches will be at the Home2 Suits to assist with the check-in process. Accommodations are included in the weekly camp rate, so no need to make additional reservations. Each suite will house 2 campers, and includes a kitchen with refrigerator, microwave oven, dishwasher, flatware, cookware, and cook top. Upon check-in, you will receive your room key/access card for hotel entrance. Families that travel with their swimmer(s) are welcome to book individual rooms at their convenience.

**Please note that in the event of a large training group, the camp may choose to accommodate the swimmers at the Hilton Garden Inn across from the Home2 Suits. Camp lodging will be relayed in the welcome letter 30 days prior to arrival. Any damage done by a camper or multiple campers will be the sole responsibility of the campers.**

**Camp Check-in:** Resident Campers will all check in for camp at the Home2 Suites beginning at 1:00pm. The camp will provide airport shuttle service to the hotel for unaccompanied swimmers. Each swimmer will receive a camp shirt, cap, and water bottle. At 3:00pm, the camp staff will be introduced, and after a brief orientation, the swimmers will depart for their first training session.

**Parking:** For accompanied campers, parking is available on site at the hotel. All ground transportation for the swimmers during the camp is included in the weekly camp rate. Due to insurance limitations, parents that accompany swimmers will not be able to ride the camper shuttles. For unaccompanied campers, shuttle service to and from the airport is available (please see below).

**Airport Shuttle:** For the convenience of our campers, the camp offers airport shuttle services up to one day prior to camp check-in, and the day of departure from the camp. Please see our registration form for all camp fees, and directions on scheduling our shuttle service.

**Meals:** All meals are included in the camp registration fee. Resident campers will receive dinner on check-in day, 3 meals each full day, and breakfast on check-out day.

**Supervision:** Full time camp staff will act as chaperones. Lights out will be strictly enforced. Campers are expected to be on their best behavior. Disciplinary action may include immediate removal from camp.

**Other Costs:** All meals and snacks will be provided. There are vending machines located in the hotel. In addition, there will be opportunities to purchase Speedo apparel items on check-in day and check-out day.

**Camp Conclusion:** Each camp concludes at 12:00 noon on Saturday, on the last day of the session. If you have accompanied your camper, please plan on picking up your child at this time. All luggage will be available on the pool deck. For unaccompanied campers in a single week session, airport departure schedules will be discussed prior to conclusion of camp. If a camper is registered for both camp week sessions, a fun afternoon outing will be provided along with all Saturday and Sunday meals.

**Directions:** 1405 Plaza Drive, Highlands Ranch, Colorado, plugged into any navigation system will bring you to the Home2 Suites by Hilton. A detailed training itinerary, with all training locations, will be sent out 30 days prior to the camp.

**Emergency Contact Info:** The camp phone, 434-987-3058, will be available 24 hours a day. If you need to get in touch with your child at anytime for emergency reasons please do not hesitate to call. We strongly urge you to use your discretion when calling this number.





**GLOBAL Altitude High  
Performance  
Swim Camps  
2019 Registration**

Camp Aquatics

**Jim Bocci** - Head Coach, Camp Aquatics

**Jill Ruppel** - Associate Head Coach, Camp Aquatics

**Shannon Kerth** - Strength and Conditioning, Camp Aquatics

**Nathan Skelton** - Athletic Trainer, Children's Hospital Colorado

**Andrea Sheremeta** - Aquatics Coaching Staff

**Lorna Montgomery** - Aquatics Coaching Staff

**SESSIONS 1 and 2 - INTENSE TRAINING CAMPS**

14-18 year olds

Sunday - Saturday - Limited to 20 Residential Campers Per Session

SESSION 1: JULY 7-13 -- SESSION 2: JULY 14-20

TUITION Sessions 1 & 2

\$1,400 USD per session - Resident Campers Only

**About Our Camps:** Located at the foot of the Rocky Mountains 6,000 ft above sea level on the south side of Denver, our camps are a total immersion experience where boarding campers (i.e. Resident Campers) experience an intense high altitude training camp, complete with nine technique and training water sessions, two strength and power dryland training sessions, and two functional mobility sessions. We utilize two 50 meter pools (indoor and outdoor), one 25 meter pool, and one 25 yard pool.

International swimmers have the opportunity to train alongside our National Squad.

**This camp program is designed to bring swimmers to the next level, and prepare them for high level championship competitions.**



# CAMP REGISTRATION FORM

PLEASE COMPLETE FORM COMPLETELY AND CLEARLY, THEN RETURN BY E-MAIL

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

## SELECT SESSION(S) AND ADD-ONS:

JULY 7-13 (Cost \$1,400 Per Camper)

JULY 14-20 (Cost \$1,400 Per Camper)

Saturday Extended Stay (Cost \$140 Per Camper; Includes Lodging, Saturday Lunch and Dinner, and Saturday Entertainment)

Airport Shuttle - Arrival and Departure (Cost \$60 Per Camper)

Performance Excellence & Recovery Consulting (Cost \$60 Per Session)

GENDER:    M        F

## SELECT STATUS:

RESIDENT

TRAVELING UNACCOMPANIED

TRAVELING WITH PARENTS OR GUARDIAN

T-SHIRT SIZE (adult - XS,S,M,L,XL,XXL): \_\_\_\_\_

ROOMMATE REQUEST: \_\_\_\_\_

SWIM TEAM: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

## Camp Medical Information

Indicate medication(s) which is/are taken on a regular basis.

Participant should bring an adequate supply of their medication(s) with them.

It is **MANDATORY** that all medications held by a participant be disclosed on this form.

If desired, the Head counselor will hold and dispense medication(s) to the participant.

It is **NOT** mandatory that the Head Counselor maintains possession and dispenses medication(s).

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

### MEDICATIONS

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Name of Medication	Dosage	Prescribing Physician
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Name of Medication	Dosage	Prescribing Physician
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Name of Medication	Dosage	Prescribing Physician
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### MEDICAL HISTORY

<b>Allergies</b>	Yes	No	<b>Heart Disease</b>	Yes	No
<b>Convulsions</b>	Yes	No	<b>Phobias or Fears</b>	Yes	No
<b>Diabetes</b>	Yes	No	<b>Past Injuries/Illnesses</b>	Yes	No
<b>Disabilities</b>	Yes	No	<b>Past Operations</b>	Yes	No
<b>Epilepsy/Seizure Disorder</b>	Yes	No	<b>Other</b>	Yes	No

If you answered "yes" to any of the above conditions, please explain in detail. Use a separate page if necessary.

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Please advise of any special instructions, side effects or emergency procedures.

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Date of last tetanus booster:

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Health Insurance Information

### Every Participant Must Have This Form On File

Private insurance information must be provided, if applicable. If participant does not have private health insurance, please be advised that, should a participant require medical attention, **you are responsible for paying any costs not covered by insurance.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name \_\_\_\_\_ Participant's SS # \_\_\_\_\_

Participant's Address \_\_\_\_\_  
Street City State Zip

Participant's Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Effective Date \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance Company Phone # \_\_\_\_\_ Group Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder's Address \_\_\_\_\_  
Street City State Zip

Relationship to Participant \_\_\_\_\_ Contract # \_\_\_\_\_ Employee # \_\_\_\_\_

Name of Primary Care Physician \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**I hereby authorize the release of any medical information that might be needed in connection with payment for medical services.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I request that payment under my medical insurance program be made directly to the provider on any bills for services rendered by that provider. I understand that I am financially responsible for fees not covered by this authorization.**