

## Registration Dates

April 1<sup>st</sup> thru June 1, 2011

**Early Registration Discount thru May 6<sup>th</sup>  
Only**

## REGISTRATION FEES

**Regular Registration: \$325/week**

**Early Registration: \$295/week**

Additional child from same family discount:  
\$255/ week.

**TEAM DISCOUNT: \$50 OFF FOR  
TEAMS WITH 10 OR MORE SWIMMERS**

\*Standard Cancellation fee of \$35 applies.

**Checks made payable to:**

**“University of Hawaii Swim Camp”**

Registration Costs Include: TYR goody bag  
with a Camp T-shirt (1) TYR Key Chain,  
Water Bottle, and a UH swim cap.

## **CAMP REQUIREMENTS**

\*\*Each camper must complete 25yds/ 1 lap  
of the pool unassisted. It is preferred that  
swimmers have a basic knowledge of all  
four strokes.



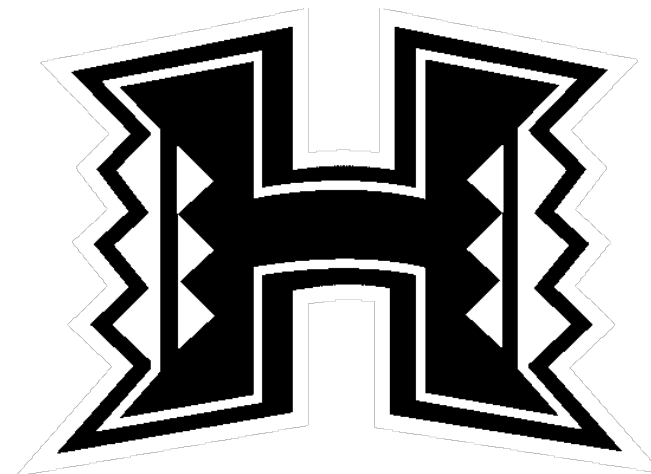
For More Information check out  
[www.hawaiiathletics.com](http://www.hawaiiathletics.com)  
Camp link on the right hand side

OR Call/Email  
Jennifer Buffin @ 808-956-7772  
[jljackso@hawaii.edu](mailto:jljackso@hawaii.edu)

**Please Send Payment/Registration Form  
to:**

Jennifer Buffin  
Camp Coordinator  
UH Athletics-Swim Camp  
1337 Lower Campus Road  
Honolulu, HI 96822

# 2011 University of Hawaii Swim Camp



## **CAMP DATES**

**SESSION 1: JUNE 6-10<sup>th</sup>**

**SESSION 2: JUNE 20-24<sup>th</sup>**

**MONDAY-THURSDAY:  
8:30AM-3PM**

**FRIDAY:  
8:00AM-12:00PM**

**AGES: 8-17YEARS OLD**

## CAMP COACHING STAFF



CAMP DIRECTOR/ HEAD COACH  
VICTOR WALES

Victor Wales finishes his sixth year at the helm of the men and women's swimming program at the University of Hawai'i. The program is coming off one of the most successful seasons in history with the Men winning conference USA title and the Women finishing 2<sup>nd</sup> in the WAC. UH was one of only 17 combined programs in the country to have a swimmer competing in both the Women's and Men's NCAA Championship this year. Coach Wales primarily works with the sprint and middle distance stroke groups and IM. He was traveling during last year's camp and looks forward to being on deck at this year's swim camp.



CO-DIRECTOR/ASSISTANT  
COACH  
JENNIFER BUFFIN

Jennifer Buffin finishes her fifth season as the assistant coach for the men and women's swim teams and her second year as the UH Swim Camp Director. In the water, Coach Jen primarily works with the sprint and mid-distance freestyle as well as butterfly, backstroke and breaststrokers. She has been instrumental in the success of the UH Swimming program. Over the past five years she has not only run the daily operations of the UH Varsity program but has directed the UH Masters Swim Team, swim clinics, fundraisers and continues with her passion to work with the summer swim camp. Finishing a very successful 2010 season with the Rainbow Wahine and Warrior's she looks forward to sharing her knowledge and love for the sport of swimming with local age group swimmers from Hawaii, mainland US and the Pacific this summer.

## UNIVERSITY OF HAWAII SWIM CAMP

The purpose of the 2011 University of Hawaii Swim Camp is to teach proper stroke technique in the four competitive strokes, generate and encourage enthusiasm for the sport and increase skill level for both safety and competitive reasoning.

The 5-day camp will include skill instruction and stroke analysis of the 4 competitive strokes, starts and turns and Video Analysis.

Throughout the week you will have the unique opportunity to work one on one with the UH Coaching staff and UH Swimmers. Each session will provide the swimmers with a small group atmosphere to work on the techniques and skills to help them to reach their swimming goals. In addition to the skill and drills in the water each swimmer will have a rare opportunity to watch their strokes each day in real time. At the end of the week each camper will take home the underwater film of each of their four strokes to share with their teammates and coaches.

We look forward to having another successful season of swim camp with many returning faces as well as new swimmers from Hawaii and around the Pacific.

Aloha!  
Jennifer Buffin  
Camp Co-Director

## CAMP ACTIVITIES

Stroke Analysis  
Stroke Technique Instruction  
Starts and Turns  
Special Topics  
(Nutrition, Mental Training, Goal Setting)  
Under Water Video  
Daily Film Analysis

### Sample Daily Itinerary

8:30am: Check In

8:45am: Watch Video/Discussion (stroke of the day)

9:30am: Water Session 1 Drills (stroke of the day)

11:00am: Starts /Breakouts

11:30am: Lunch

12:30pm: Classroom activity

1:00pm: Water Session 2 (Filming, Turns and Review)

3:00pm: Check out

### **Items you will need to bring:**

Swim Suit, Towel, goggles, shorts, athletic shoes, sunscreen and Hat

**Lunch/Snacks:** Please bring a bag lunch or cash for Pool snack bar (L&L). (Bag lunch is recommended). We will have breaks for snacks



# University of Hawaii Swim Camp

## CAMPER INFORMATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GENDER M F

CLUB TEAM \_\_\_\_\_ CLUB COACH \_\_\_\_\_

SHIRT SIZE \_\_\_\_\_ Camp Preference \_\_\_\_\_

Best Stroke \_\_\_\_\_ 25/50yd Freestyle Time \_\_\_\_\_

Swimming Background \_\_\_\_\_

As a swimmer what do you want to get out of camp?  
\_\_\_\_\_

Medical conditions that we should be aware of? Allergies? (please include directions)  
\_\_\_\_\_

How did you hear about the University of Hawaii Swimming Camp?  
\_\_\_\_\_

Grade \_\_\_\_\_ School Name \_\_\_\_\_ Letter Winner (grades 9-12) Yes No

## PARENTS/GUARDIAN INFORMATION

NAME(S) \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LINE 2 \_\_\_\_\_ CELL \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ WORK \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

As a parent what do you want your child to get out of camp?  
\_\_\_\_\_

Cleared to pick up camper (if it is someone other than parent/guardian, please have person bring photo ID to assure safety)

Name \_\_\_\_\_ Name \_\_\_\_\_

Drivers License # \_\_\_\_\_ Drivers License# \_\_\_\_\_

Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Relation to Swimmer \_\_\_\_\_ Relation to Swimmer \_\_\_\_\_

Mail to:  
Jennifer Buffin-Swim Camp  
1337 Lower Campus Road  
Honolulu, HI 96822

OR

Email to:  
[JLJACKSO@hawaii.edu](mailto:JLJACKSO@hawaii.edu)

**Assumption of Risk and Release and Medical Consent**

**Name of Child (PRINT Last Name, First Name, Middle Initial):** \_\_\_\_\_

I certify that the above named child is in good physical health and able to participate in \_\_\_\_\_ (camp) presented by the University of Hawai`i, which is scheduled for \_\_\_\_\_. I understand and acknowledge the dangers and risks involved in my child's participation in the camp which include, but are not limited to, minor injuries such as bruises, lacerations, strains, and sprains, over exertion injuries (such as heat stroke, cardiac arrest or respiratory arrest), broken bones or dislocations or the possibility of permanent disability and death, as well as property loss and severe social and economic loss. The dangers and risks may be caused by, but are not limited to: (a) the actions, omissions or negligence of the instructors, sponsors, participants, volunteers, spectators; (b) conditions of the premises and/or equipment used; (c) temperature and/or weather; (d) conditions of other participants.

I understand that my child should have his/her own private medical and liability insurance coverage if they intend to participate in the camp, and that the University of Hawai`i does not provide insurance for my child and will not be financially responsible for my child or indemnify my child with respect to injuries or liabilities arising out of my child's participation in the camp.

The camp will attract media coverage. My child may be photographed and/or video taped while participating in the camp, and the photograph and/or video tape may appear in print media and/or live or replay telecast. I therefore grant my permission for my child to be photographed and/or appear in a telecast of the camp if my child participates in the camp.

In consideration of my child being permitted to participate in the camp, I agree to assume all risks of injury and loss resulting from my child's participation in the camp. I read and understand all written materials setting forth the requirements for my child's participation, and understood all oral instructions, and my child will strictly observe them during his/her participation. Most importantly, for myself, my heirs, executors, and administrators, I accept full responsibility for my child's participation in the camp and **I agree to indemnify, release and discharge the University of Hawai`i, State of Hawai`i, and its officers, employees, agents and assigns from any and all liability, claims, demands or actions for property damage, personal injury and/or death arising or resulting from or caused by any acts or omissions by child or others during my participation in the camp.**

I also consent to, and authorize any medical professional and others working under their supervision to treat my child for any injury or illness arising from or related to my child's participation in the camp, and agree to pay any and all medical expenses, costs and other charges, and to indemnify, release and discharge the University of Hawai`i, State of Hawai`i, and its officers, employees, agents and assigns from any and all liability, claims, demands or actions arising from or connected with such medical treatment or care.

**EMERGENCY CONTACTS:**

First Person to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Person to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**PLEASE INCLUDE COPY OF INSURANCE CARD**