

2008 Competitive Swim Camp

2008 Swim Camp

Dates: June 15-19, 2008

Facility: PEIF Pool, located in the PEIF Building on the campus of NMU between the Superior Dome and Berry Events Center.

Camp Fee: \$175

Registration Deadline: One week prior to the start of the camp.

What NMU Provides for your Camp Fee:

- All four stroke progressions and drills
- Starts and turns
- Dryland training
- Competitive mental training
- Classroom "Coach" talk
- Camp T-shirt
- Camp swim cap

Director: Bob Laughna, Head Coach, NMU Swimming, Licensed Directorship of Swim Program under ASCA.

Additional Coaching Staff: Kaye Laughna - Former UWGB swimmer - 4 years; 3-time champion in 50 and 100 freestyle.

Jennifer (Laughna) Molnar - Former NMU swimmer - 4 years. 23-time All-American.

For questions, please call: 906-227-2519 or check out the web: www.nmu.edu/athletics



Intercollegiate Athletics and Recreational Sports

Name: (Last) _____ (First) _____ Gender: M F
 Address: _____ City: _____ State: _____
 Zip: _____ Phone: (H) _____ (W) _____ Adult T shirt Size: _____
 Age: _____ Last Grade Completed: _____ Date of Birth: _____

Authorization: I consider the swim camp registrant above to be in good health and permission is granted to participate in all summer program activities, unless otherwise indicated on this form. In case of illness and/or injury, permission is granted for medical treatment to be rendered to my son/daughter. I understand that I will be notified in case of serious illness. All medical bills incurred by my son will be my responsibility.

Parent/Guardian Name: _____

Parent Signature: _____ E-mail Address: _____

Health Insurance Carrier/Policy Number: _____

Restricted Activities: _____

Known Drug Allergies: _____

Medical Conditions (i.e. diabetes, asthma, cardiac conditions): _____

Medications: _____

Complete registration form with full payment. Make check or money order payable to: Northern Michigan University

Mail to:
Intercollegiate Athletics and Recreational Sports
1401 Presque Isle Ave.
PEIF Office 126
Marquette, MI 49855

Credit Card Holders Only:	
Card # _____	
Exp. Date _____	Amount _____
Print Name _____	
Signature _____	

Paid _____ Date _____ Method _____ Confirm _____