

Swimmers attending the IUP stroke Clinic will receive a t-shirt, individual attention and a greater understanding of the four competitive strokes.

IUP promises to bring together the best and the brightest of coaches in the area, to make our camps and clinics the most comprehensive in the area.

Our aim is to inspire young swimmers to strive for excellence and fulfillment through swimming.

Camp Director

Chris Villa, Head Swimming Coach

Coach Villa has established himself as a leader in the swimming field, having successful tenures at The United States Naval Academy and Juniata College. At the United States Naval Academy, Chris helped lead the team to a third place finish in the 2006 Patriot League Championships. In 2006 the Midshipmen established 3 new school records and 2 new league records.

Coach Villa also served as the meet director for the 2006 Sectional meet hosted at the Naval Academy. With over 200 individual entries, the Sectional meet was one of the most competitive meets of the year. With over 20 years of swimming experience, Coach Villa brings a wealth of knowledge and an abundance of enthusiasm.



Clinic Dates:

- Saturday, April 14
Freestyle and Backstroke Clinic
- Sunday, April 15
Butterfly and Breaststroke Clinic

Clinic Details

Enroll in a single session or the full weekend.

Special rates for the **weekend** are only available by pre-registering.

- Single/Multiple = \$30.00/ per session
- Weekend package = **\$50.00**

Pre-registration dates:

March 13, 2007 for Full Weekend

Medical Insurance

IUP does not provide medical insurance for clinic participants. In the event of illness or injury requiring treatment, hospitalization, and/or surgery, the family's medical insurance must be used.

Tentative Clinic Schedule

8:00 - 9:00 a.m.	Registration
9:00 - 11:00 a.m.	Pool Instruction
11:00 - 12:30 p.m.	Lunch (provided)
12:30 - 2:00 p.m.	Pool Instruction
2:00 - 3:00 p.m.	Skill Demonstration (Parents Invited)
3:00 - 3:30 p.m.	Goodbye

This camp is not considered a tax deductible donation as per IRS regulations.

The official registration and financial information of the Foundation for Indiana University of Pennsylvania may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania 1-800-732-0999. For calls which originate outside of Pennsylvania, the telephone number is 1-717-783-1720. Registration does not imply endorsement.

Authorization for Medical Care

NAME _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

BIRTH DATE _____ SEX: M F

PARENT/GUARDIAN NAME _____

PHONE: HOME _____ WORK _____

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____

PHONE _____

HEALTH HISTORY

OPERATIONS/SERIOUS ILLNESSES: _____

CHRONIC OR RECURRING ILLNESSES: _____

EMOTIONAL CONCERNS: _____

OTHER DISEASES/SPECIAL PROBLEMS: _____

CURRENTLY UNDER MEDICAL CARE? YES NO

REASON _____

ON MEDICATION? YES NO

NAME _____ DOSAGE _____ AMT. _____

ALLERGIES? YES NO

LIST _____

CHECK ALL THAT APPLY AND LIST DATES:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> EAR INFECTIONS | <input type="checkbox"/> ASTHMA |
| <input type="checkbox"/> HIGH BLOOD PRESSURE | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> BLEEDING/CLOTTING | <input type="checkbox"/> CHICKEN POX |
| <input type="checkbox"/> MEASLES: <input type="checkbox"/> 3 DAY <input type="checkbox"/> 9 DAY | <input type="checkbox"/> MUMPS |
| <input type="checkbox"/> HEART DEFECT/MURMUR | <input type="checkbox"/> CONVULSIONS |

PHYSICIAN _____

PHONE _____

INSURANCE COMPANY _____

POLICY NUMBER _____

PHONE _____

I hereby consent to any and all health services necessary by IUP's Health Service staff to refer my child for consultation to any licensed medical specialist or to Indiana Regional Medical Center's emergency room. I give authority and power to any such physician/surgeon to render any and all health services that may be deemed necessary or advisable. I authorize the IUP camp director to accompany the student and sign permit forms required by the Medical Center. I understand in case of serious accident or illness every effort will be made to contact me. I understand I will be responsible for the cost of any services rendered.

Parent/Guardian Signature _____

Date _____

IUP Swimming 2007 Stroke Clinic

Type or print with ink only (form may be duplicated)

Please register me for the following clinic:

- Saturday, April 14 \$30
 Freestyle and Backstroke
 Sunday April 15 \$30
 Butterfly and Breaststroke

 Weekend Package \$50

 Last Name First Name MI Age

 Home Address (number, street and box no.)

 City State Zip

 Home Phone Parent's Business Phone

 Email Address T-Shirt Size

 School Grade in September 07

 Date of Tetanus Immunization

 Parent/Guardian Signature Date

Please return Application to:
Foundation for IUP, Attention Camps
103 Sutton Hall, 1011 South Drive
Indiana, PA 15705

Make Checks Payable to: Foundation for IUP

For Office Use Only: Swimming Account # 226109

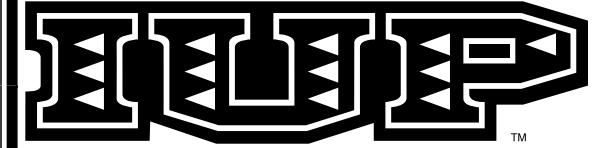
Check # Amt. Rec. \$



Swimming Office
 Memorial Field House, Room G13
 660 S. 11th Street
 Indiana, PA 15705-1087

400.543.1101

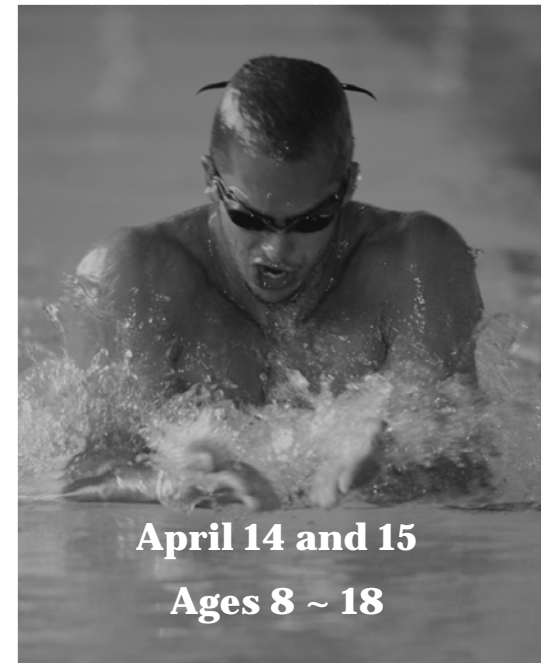
IUP is a member of Pennsylvania's State System of Higher Education



INDIANA UNIVERSITY OF PENNSYLVANIA

Stroke Clinic April 2007

Sponsored by



April 14 and 15

Ages 8 ~ 18