UNIVERSITY OF CHICAGO
TECHNIQUE SWIM CAMP

Conducted by the University of Chicago Coaching Staff and current varsity athletes, the UChicago technique swim camp is a fantastic opportunity for age-group swimmers to learn from high-level NCAA coaches and athletes.

This is a week-long half day camp for children ages 8-16. This is not a Learn to Swim Program so all swimmers that are signed up must be able to swim a length of the pool (25 yards) of the 4 competitive strokes (Butterfly, Backstroke, Breaststroke, Freestyle). Stroke mechanics and technique will be heavily emphasized. There will be an opportunity for each camper to see themselves on video and receive feedback.

ASSISTANT COACH
MARK BROUCEK

Coach Broucek was hired as Assistant Swim Coach and Assistant Director of Aquatics in September 2017. Prior to UChicago, Broucek served as Head Coach and Director of Competitive Aquatics for the Egyptian Shooting Club in Cairo. Over the course of his career, Broucek has coached eight Olympic Trials qualifiers and was the USA Swimming National Open Water Coach from 1992-95.

ASSISTANT COACH
ALEX CARD

Alex Card has worked with 33 Division III All-American's and over 50 age group state finalists. He has been working with swimmers in the water for a decade and has years of experiences and knowledge to share. Card is also a certified ASCA Level 5 coach.

CAMP SCHEDULE

SCHEDULE
8:30 – 9:00 AM
Registration and Check-in

9:00 – 9:30 AM
Presentation of Stroke of the Day with demo

9:30 – 10:15 AM
Technique Session

10:15 – 10:30 AM
Break/Snacks

10:30 – 11:20 AM
Stations
(Film / Stroke of Day work / Turn work)

11:30 – 11:45 AM
Camp Relays

12:00 PM
Pick-up
REGISTRATION FORM

Participant Name
_______________________________________

Address
_______________________________________

City ___________________________________
State ____________Zip ___________________

Grade completed ___________________

Name of Parents/Guardians
_______________________________________

Email ________________________________
Cell Phone  _____________________________
Home Phone ____________________________
Work Phone  ____________________________
Emergency Contact ______________________
Cell Phone ______________________________

Insurance Carrier _________________________
• Policy #______________________________

T-shirt size (Circle)
Youth      S     /     M     /     L
Adult      S     /     M     /     L     /     XL

Choose Date:  June 18-22    June 25-29       Both

Registration Deadline: June 1

Maximum of 50 participants per week
Cost is $300 per participant / $500 for both weeks

Please make non-refundable checks payable to: “The University of Chicago.”
Mail check, registration form and waiver/insurance info to:
UChicago Swimming
5530 South Ellis Avenue
Chicago, IL 60637

UCHICAGO FACILITIES

Myers-McLoraine Pool is at 5530 South Ellis Avenue inside the Ratner Athletics Center.

For directions: athletics.uchicago.edu/alumni-visitordirections

PARENTAL PERMISSION FORM

I certify that I am a parent or the legal guardian for:
______________________________________________
(child/ward)
and that s/he has my permission to participate in the Swim Camp (the Activity) at the University of Chicago (“University”).
I understand that s/he will engage in an athletic experience.

WAIVER AND RELEASE
In consideration of my child/ward being permitted to participate in the Activity, I agree to assume all the risks and responsibilities surrounding my child/ward’s participation in the Activity and in any activities undertaken as an adjunct thereto, and in advance release, waive, forever discharge, and covenant not to sue the University, its governing board officers, agents, employees, and any students acting as employees (“University”), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which my child/ward may have or may hereafter accrue to him/her, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by him/her or by any property belonging to him/her, except if caused by the sole negligence of the University, which s/he is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.
I have signed this Waiver and Release in full recognition and appreciation of the dangers, hazards, and risks of such activities, which dangers include but are not limited to injuries arising from athletic activity, and which could include serious or even mortal injuries and property damage. In signing this Release, I acknowledge and represent that I have fully informed myself of the content of this Release of liability and hold harmless agreement by reading it before I sign it, and that I have reviewed it and understand what it means and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that the University does not require my child/ward to participate in the Activity, but I want him/her to do so, despite the possible dangers and risks and despite this Release.
I further agree that this Release shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

Printed Name of Participant
___________________________________________________
Signature of Parent or Legal Guardian Date
___________________________________________________

Printed Name of Parent or Legal Guardian

Questions can be addressed to Mark Broucek:
mwbroucek@uchicago.edu     773-702-3861