Swim

2016 DATES
June 13-17  
Swim Camp
June 19-22  
Sprint Camp

COED Resident and Commuter Camp  
*Ages 10-18 years old

Sprint Camp  
*Ages 13-18 years old

Directed by Swim Coach Matt Gianiodis and other staff members to include former and current MSU men and women varsity swimmers.

*Must be 12 years old to spend the night

Registration:  
Park at Spartan Stadium Lot 79 south off Shaw Lane and proceed to Gate C.

Check-in: 2:00 p.m.
Check-out: 10:30 a.m.
Camp fees:
Resident Camp $520.00  
Commuter Camp $460.00

Check-in: 2:00 p.m.
Check-out: 10:30 a.m.
Camp fees:
Resident Camp $535.00  
Commuter Camp $475.00

*$25 Discount if you enroll BEFORE May 1.
10% Discount for groups of 6 or more.

Coach to camper ratio does not exceed 1:5

www.sportcamps.msu.edu

Sport Specific Equipment To Bring To Camp
- 2 Swim Suits
- 4 Towels
- Gym shoes

This Summer We Train Like Spartans!
2016 DATES
June 13-17
Swim Camp
June 19-22
Sprint Camp

CAMP INFORMATION
Resident campers MUST be 12 years old to spend the night.

Refund Policy
Campers unable to attend camp are entitled to a refund. A $55 administrative fee (only $30 if you enrolled online) will be deducted from all refunds, regardless of the reason. Refund requests must be submitted in writing PRIOR to the first day of the camp session in which the camper was originally enrolled. No refunds for any reason (i.e., injury, illness) will be given once a camper is on campus.

Check-In/Check-Out
Time and location of check-in/check-out will be printed on your receipt and sent to you at time of payment.

Medical Policy
Each participant should have his or her own medical insurance. A student trainer will always be available. Participants are automatically enrolled in MSU’s accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance. No physcials are required.

Meals
Breakfast 7:00 a.m. – 8:30 a.m.
Lunch 11:30 a.m. – 1:30 p.m.
Dinner 4:00 p.m. – 6:30 p.m.

Discounts
10% Discount for groups of 6 or more.
Please print application and mail all 6 applications in the same envelope.

REGISTRATION INFORMATION
Register online at www.sportcamps.msu.edu or complete the attached application. Full payment by either check, MasterCard, VISA, Discover or American Express must accompany the application. Make checks payable to Michigan State University. No applications will be accepted before February 1st. You will receive confirmation for receipt of enrollment by mail within 12-15 business days.

MSU Sport Camp Policy
Persons enrolled in MSU Sport Camps will be required to attend all sessions and to comply with the rules and regulations of Michigan State University governing the conduct of all students on the campus.

IMPORTANT PARKING INFORMATION
Parking on campus before, during and after camp check-in is no longer free Monday thru Friday. Please visit www.police.msu.edu for campus maps, parking rates Monday thru Friday and visitor parking pass options. Lot 79 (South end of the Football Stadium), 63W (Breslin Center), 62W (IM West) and 67 (Jenison Fieldhouse) are FREE ON SATURDAY AND SUNDAY ONLY, weekday rates will apply. It is recommended that when checking in or out of camp at the Football Stadium, Skandalaris or Duffy Football building you park in Lot 79 (Stadium) and walk to your residence hall after checking in to camp. Parking at the residence halls is very limited and heavily monitored by MSU parking enforcement for illegal parking (parking on grass, sidewalks, etc.). When checking out of your residence halls, it is recommended that you park in 63W (Breslin Center) and walk to your residence halls. If your camp check in or out is at Jenison Fieldhouse, McLane Stadium, Secchia Stadium or DeMartin Stadium Monday thru Friday, it is recommended that you park in Lot 62W (IM West) or the Kellogg Center parking ramp off Harrison Road and walk to your camp check in or check out. Lot 67 (Jenison Fieldhouse) Monday thru Friday is for staff only with a limited number of metered spots and you will be ticketed if you do not have a staff permit or park in a metered spot. If your camp check in or check out is at IM West, please park in Lot 62W (IM West). Parking in Lot 62W (IM West) on Saturday and Sunday is free, Monday thru Friday rates will apply. Please note that the camp office has no authority over parking for camps and therefore cannot assist you with any parking issues or tickets you may receive. Parking is enforced by the MSU Police Department.
The Swim Camp Application
REGISTER AT WWW.SPORTCAMPS.MSU.EDU

PLEASE PRINT INFORMATION BELOW OR ENROLL ONLINE

Name ____________________________
Address ____________________________
City ____________________________ State ______ Zip ______

Parent or Guardian ____________________________
Daytime Telephone ____________________________
Evening Telephone ____________________________
E-mail ____________________________

Grade in September: __________ Age: __________

Sex: _____ Date of Birth: __________ Ht: ______ Wt: ______

Must be 12 years old to spend the night.

Roommate preference: ____________________________

Youth Shirt Size: [ ] Medium [ ] Large
Adult Shirt Size: [ ] Small [ ] Medium [ ] Large [ ] X-Large

Please enroll me in the following Swim camp:

<table>
<thead>
<tr>
<th>Camp Date</th>
<th>Resident</th>
<th>Commuter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular JUNE 13-17</td>
<td>$520.00</td>
<td>$460.00</td>
</tr>
<tr>
<td>Sprint JUNE 19-22</td>
<td>$535.00</td>
<td>$475.00</td>
</tr>
</tbody>
</table>

U.S. FUNDS ONLY.
Please make checks payable to MICHIGAN STATE UNIVERSITY

Check one:
[ ] Check [ ] Mastercard [ ] VISA [ ] Discover [ ] American Express

Card Number ____________________________
3 digit security code ____________________________ Exp. Date ____________________________

Signature ____________________________

Amount of Check/Charge enclosed ____________________________

The Swim Camp Application
REGISTER AT WWW.SPORTCAMPS.MSU.EDU

PLEASE PRINT INFORMATION BELOW OR ENROLL ONLINE

Name ____________________________
Address ____________________________
City ____________________________ State ______ Zip ______

Parent or Guardian ____________________________
Daytime Telephone ____________________________
Evening Telephone ____________________________
E-mail ____________________________

Grade in September: __________ Age: __________

Sex: _____ Date of Birth: __________ Ht: ______ Wt: ______

Must be 12 years old to spend the night.

Roommate preference: ____________________________

Youth Shirt Size: [ ] Medium [ ] Large
Adult Shirt Size: [ ] Small [ ] Medium [ ] Large [ ] X-Large

Please enroll me in the following Swim camp:

<table>
<thead>
<tr>
<th>Camp Date</th>
<th>Resident</th>
<th>Commuter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular JUNE 13-17</td>
<td>$520.00</td>
<td>$460.00</td>
</tr>
<tr>
<td>Sprint JUNE 19-22</td>
<td>$535.00</td>
<td>$475.00</td>
</tr>
</tbody>
</table>

U.S. FUNDS ONLY.
Please make checks payable to MICHIGAN STATE UNIVERSITY

Check one:
[ ] Check [ ] Mastercard [ ] VISA [ ] Discover [ ] American Express

Card Number ____________________________
3 digit security code ____________________________ Exp. Date ____________________________

Signature ____________________________

Amount of Check/Charge enclosed ____________________________

MICHIGAN STATE UNIVERSITY
Sports Camp Office
535 Chestnut Rd, W239
Spartan Way, East Lansing, MI 48824
Fax: 517-355-6891

Medical Treatment Authorization Form

Participant’s Name ____________________________ DOB ___/____/____

What Sport: ____________________________

Date of Camp: ____________________________

Participants are automatically enrolled in MSU’s accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance.

1. List any medical conditions that camp personnel should be aware of (use additional pages if necessary):
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

2. List any medications currently taking:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

3. List any allergies:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

In case of emergency please contact:

Name ____________________________
Daytime Telephone ____________________________ Evening Telephone ____________________________

Insurance Information:

Name of Medical Insurance Company ____________________________ Insurance Company Telephone ____________________________

Name of Insurance Policy Holder ____________________________ Policy Holder DOB ____________________________

Medical Insurance Policy Number ____________________________ Medical Insurance Group# (if appl) ____________________________

________________________________________, as parent or legal guardian of the participant named above, authorizes MSU to seek medical and/or surgical treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant’s medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Signature (Parent or Guardian) ____________________________ Date ____________________________

Send Application and Medical Treatment Form with payment in full to:

MICHIGAN STATE UNIVERSITY
Sports Camp Office
535 Chestnut Rd, W239
Spartan Way, East Lansing, MI 48824
Fax: 517-355-6891
**WHAT IS A CONCUSSION?**

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

**WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?**

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

**DID YOU KNOW?**

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

**SYMPTOMS REPORTED BY ATHLETE:**

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

**SIGNS OBSERVED BY COACHING STAFF:**

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

---

“IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON”

Rick Snyder, Governor
James K. Haveman, Director
CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO  WWW.CDC.GOV/CONCUSSION

Content Source: CDC’s Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).