



U.S. Paralympics Swimming  
Developmental Camp  
January 30-31, 2014  
Richmond, VA

First \_\_\_\_\_ Middle Initial \_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Club: \_\_\_\_\_ Primary Coach: \_\_\_\_\_

Years/months swimming \_\_\_\_\_ Average Number of Workouts Weekly \_\_\_\_\_ Average Volume/Workout \_\_\_\_\_

Classification \_\_\_\_\_ Recent Competitions/Results \_\_\_\_\_

Please tell us why you would like to be selected for the U.S. Paralympics Swimming Developmental Camp.

What swimming techniques/strokes would you like assistance with?

Coach Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Coaching: \_\_\_\_\_ Coaching Education: \_\_\_\_\_

Have you coached athletes with a disability (yes/no)? \_\_\_\_\_ If so, describe the impairment. \_\_\_\_\_

What information would you like to gain from attending this camp?

Please submit applications electronically to Queenie Nichols at [Queenie.Nichols@usoc.org](mailto:Queenie.Nichols@usoc.org) and Jamie Martin at [Jamie.Martin@usoc.org](mailto:Jamie.Martin@usoc.org) by Friday, January 10, 2014.