

**Alpine Swim Camp**  
**Sporthotel Kogler, A-5730 Mittersill, Austria**  
**tel. 43.6562.4615 fax 43.6562.4612.444**

ASM/2008

Date of application:

<b>Camper Information</b>		Email address:	
Family (last) name:			
First name:		<b>(Girl/Boy)</b>	
Home address (no APO address)			
Home tel .no.			
Father's/mother's phone No. at work			
Present club/team - town			
Date of birth: <b>dd/mmm/yyyy</b>		<b>Age</b>	
Place of birth:			
Nationality:			
Father's first name:		Mother's first name	
Indicate date(s) of camp to attend:			

**For SWIMMERS only:**

Name of the team/club (s) for which you swam:

Rank/grade your strokes for ability/speed - (strongest=1, weakest=5)

<b>Free</b>	<b>Back</b>	<b>Breast</b>	<b>Butterfly</b>	<b>Individual Medley</b>

Indicate personal best times accomplished during official meets:

Stroke	Distance	Time	Date	Stroke	Distance	Time	Date
<b>Free</b>	50 m			<b>Back</b>	50 m		
	100 m				100 m		
	200 m				200 m		
<b>Breast</b>	400 m			<b>IM</b>	50 m		
	800 m				100 m		
	1500 m				200 m		
	50 m				100 m		
	100 m				200 m		
	200 m			400 m			

**For TENNIS PLAYERS only:**

Indicate level:

Beginner, advanced, good player, competitive player

Have you already attended tennis camps? If yes, how often

Have you played tournaments? List your achievements in these tournaments

**Yes / No / N/A**

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**For WINTER swim and TENNIS camp only**

Will you participate in the organized afternoon skiing activity/instruction?

Indicate your level of skiing ability: Beginner/Advanced/Good skier?

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**PLEASE COMPLETE IN CLEAR BLOCK LETTERS**

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**For ALL campers:**

For the purpose of a safe and progressive activity for **each camper**, please answer accurately and truthfully all questions below:

	Yes / No / N/A
Do you have good coordination?	
Are you flexible in your joints and your body?	
Did you have any major surgery within the last 2 years? If yes, explain	
Did you have any major illness within the last 2 years? If yes, explain	
Did you have any broken bones within the last year? If yes, explain	
Did you have any torn or pulled tendons, ligaments, muscles within the last year? If yes, explain	
Did you have, within the last year, or do you have any shoulder, elbow or knee problem? If yes, explain	
Do you have allergies? If yes, indicate treatment	
Do you have asthmatic/respiratory problems? If yes, explain	
Do you have ear, nose, and/or throat problems? If yes, explain	
Are you treated regularly with any drugs? If yes, explain	
Are you participating in an athletic/sports program in school or club team level <b>besides</b> swimming/tennis? If yes, explain	
When was your last complete medical check up?	
How is your self-motivation in your present swimming/tennis training? <b>Excellent, above average, average, below average, poor</b>	
How is your self-motivation in competition? <b>Excellent, above average, average, below average, poor</b>	
Are your parents involved in your team/club activity? If yes, explain	
Are you engaged in any regular, organized and supervised training with a club or team until the date of your camp? If yes, name of club/team & number of times/week	

I am sincerely interested in improving my overall competitive swimming/tennis skills and performance, and therefore, I am self-motivated and willing to participate in all work-outs and related activities, such as flexibility, power/strength and aerobic training, hikes, outdoor games and excursions.

I hereby affirm that the above questionnaire has been truthfully completed.

**Camper's signature**

**Parent's signature**

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**Any further comments or information are welcome:**
