



# North Dakota Swim Clinics 2007



**JANICE BERRY**  
*1 National Record*  
*2 Time National Champion*  
*11 Time All America*

## Dates

**June 3 - 8**

**June 10 - 15**

**June 17 - 22**

## TECHNIQUE/TRAINING CAMP

Our camps are designed to give each individual a good foundation in swimming fundamentals, working on stroke techniques, starts, and giving a special attention to turns. We have a good mixture of technique and challenging training sessions.

## CAMP HIGHLIGHTS

- u At least 5 hours water time daily
- u Dryland training and education
- u Camp T-Shirt
- u Underwater video analysis
- u Outstanding staff and coaches
- u All-you-care-to-eat meals

## ARRIVAL AND DEPARTURE

University of North Dakota Housing registration will be between 4:30-5:30 pm on Sunday preceding the camp. Check-out is Friday after 11:00 am.

## SUPERVISION & INSTRUCTION

Professional instruction will be provided at all times. Individual instruction is provided at each session. Athletic counselors are on duty. Athletic training facilities are available during camp.

## DAILY SCHEDULE

Camp begins with a Sunday night session from 6:00-7:30 pm. On weekdays camp begins at 8:30 am and ends at 5:00 pm. Optional evening swim time will be available.

## Fighting Sioux Swimming

**NCAA Division II**  
*2006 Men's 3<sup>rd</sup> Place*  
*2006 Women's 4<sup>th</sup> Place*

**24 of the last 25 NCC Women's Titles**  
**19 of the last 21 NCC Men's Titles**  
**22 National Championships (last 5 years)**  
**7 National Records broken (last 5 years)**



**FERNANDO ALVES**  
*7 Time National Champion*  
*25 Time All America*



## MAVIAEL SAMPAIO

### CAMP DIRECTOR & HEAD COACH

Mavial, nickname "Mavi", is in his seventh year on the Fighting Sioux coaching staff and sixth as the Head coach.

Under Coach Sampaio's helm, UND has won 9 of 10 NCC Titles, has been placing third or better at the NCAA National Championships on the men's side, and seventh or better on the women's side, winning 22 National Championship and breaking National Records 7 times.

Coach Sampaio, an ASCA level 5 instructor, was named the **NCAA Men's Swimming Coach of the Year** in 2002.

Mavi is from Brazil, and prior coming to Grand Forks served as the coach for the Brazilian National Team at World Cups (98/99/2000), World Championships (99/2000), and Pan American Games (1999).

Contact Mavi Sampaio  
 (701) 777-2766  
 mavial\_sampaio@und.nodak.edu

## CAMP FEES

Resident (overnight, all meals) \$395.00

Commuter (lunch) \$290.00

Commuter (without lunch) \$260.00

\*Finis Snorkel \$30.00

\*Required: add to your camp fee if you don't have one

For this 2007 brochure online, please visit:  
<http://www.fightingsioux.com>

# GO SIOUX !!!

## CAMPUS SUPERVISION

### Check Point Program

#### Offer daily check-in times (Grades 9-12)

All campers entering grades 9-12 beginning Fall 2007, and who will be staying on campus will be housed in the University's daily check-in program. This program has four daily camper check-in times throughout the scheduled camp itinerary. The check-in is the responsibility of the camper and takes place after breakfast, lunch and either before or after dinner, and at bed check. Campers will be restricted to campus property; however, they will be able to visit all campus facilities (except the University's summer school hall and adult conference hall) without being accompanied by a university employee.

### Supervised Program (Grades 3-8)

All girls and boys entering grades 3-8 beginning Fall 2007, and who will be staying on campus will be housed in the University's supervision program. This program offers controlled boundaries and no flexibility for on or off-campus private time for the camper. Campers are escorted to and from all scheduled activities throughout the camp. In addition, campers have limited time in their residence hall room during scheduled nightly programs. For answers to **Frequently Asked Questions** and other camp Housing & Supervision information, please see the **UND Housing Department** website:  
[www.housing.und.edu/conference](http://www.housing.und.edu/conference).

## HOUSING & ROOMMATES

Due to space allocations, advance phone reservations for room assignments are not possible. Roommates will be assigned at check-in on a first come, first serve basis provided roommates arrive together or wait for each other at the Housing check-in location.



### ENROLLMENT FORM FOR 2007 UND FIGHTING SIOUX SWIM CAMP

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Junior High School: \_\_\_\_\_  
High School: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_  
I will be in \_\_\_\_\_ Grade Fall 2007 Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
T-Shirt Size XL L M S (Circle One)  
I understand the UND Sioux Athletic Camp Director and instructors will not be held responsible for injuries or loss of property while the above-named student is attending the camp. By my signature below, I hereby release the State of North Dakota, the University of North Dakota, its officers, agents, and employees from any and all liability, including claims and suits in law or equity, for any injury, fatal or otherwise, or the loss of property, and will indemnify and hold harmless the State of North Dakota, the University of North Dakota, its officers, agents, and employees from any such claims. I realize the risks involved to the student, including the risks inherent to the sport of swimming. I will pay, or cover through my insurance, any medical or hospital expenses, doctor bills, or other expenses that could be incurred as a result of treatment given the above-named student for illness or injury while attending the UND camp. I hereby authorize the staff of the UND camp to act for me according to their best judgement in any emergency requiring medical attention. I further understand the camp retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp.  
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
To be accepted in the UND Fighting Sioux Swim Camp, include a **non-refundable deposit** of \$100 by check or money order, with balance due on or before May 14, 2007.  
Name of Insuring Co. \_\_\_\_\_ Policy Number \_\_\_\_\_  
Send US Funds (Check payable to UND) to: UND Swimming Camps, Box 9013, Grand Forks, ND 58202 – Telephone 701-777-2766  
\_\_\_\_ June 3-8 Technique/Training \_\_\_\_\_ June 10-15 Technique/Training \_\_\_\_\_ June 17-22 Technique/Training \_\_\_\_\_  
Check one: \_\_\_\_\_ Resident Camper \_\_\_\_\_ Commuter (lunch) \_\_\_\_\_ Commuter (without lunch) \_\_\_\_\_ I Need Snorkel: Yes or No (Circle one)

*NO CHILD MAY PARTICIPATE IN ANY UND CAMP ACTIVITIES  
WITHOUT THIS SIGNED FORM ON FILE*

**INFORMED CONSENT, LIABILITY RELEASE, MEDICAL TREATMENT  
AUTHORIZATION, AND PHOTO RELEASE**

I request that my child (identified below) be permitted to participate in an activity sponsored by UND Athletics and agree to the following: I understand and agree that my child's participation in this activity may expose him/her to risks of injury or death. The risks include but are not limited to: **death, injury, serious neck and spinal injuries, paralysis, brain damage, and injury to vital organs, bones, joints, muscles and tendons.** I will counsel my child so he/she understands that it is important for his/her safety and the safety of others to follow all instructions of the coaches and staff. I agree that I am responsible for my child's conduct while he/she is participating at the activity.

In consideration for my child's participation in this activity, on behalf of myself and my child, I release discharge, and hold harmless the State of North Dakota, the North Dakota State Board of Higher Education, the University of North Dakota and their officers, coaches, volunteers, employees and agents from all liability, claims, costs, and expenses arising out of these activities which may result in injury or illness to my child. I also agree to defend and indemnify the State, NDSBHE, UND and their officers, coaches, volunteers, employees and agents against any claims arising out of my child's participation in the activity.

I further agree that the Athletics Department Staff and UND are **authorized to obtain and authorize emergency medical treatment** for my child up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself, I further release the State, NDSBHE, and UND from any liability arising out of the emergency medical treatment obtained.

I also release UND from any claims for the loss of personal property and agree that UND Athletics may use, for publicity and advertising purposes, photographs of my child taken during participation in the activity.

A copy of this agreement shall suffice as original.

Name of Child: \_\_\_\_\_

Activity: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_