

USMS CLINICS

Mentor Coach and Swimmer Clinics

Open Water Clinics

Each calendar year, the USMS Coaches Committee awards host status to sites across the country for two clinic programs: Mentor Coach and Swimmer Clinics; and Open Water Clinics. Both programs are lead by clinicians selected by the host organization. Clinicians are experienced coaches and swimmers who are involved with outstanding Masters programs, some of whom are USMS Coach of the Year award recipients, or accomplished open water swimmers. The intent of these clinics is to bring a clinician from outside the local area to help local groups develop their programs and skills and provide enthusiasm for the sport. To help organizations host these clinics, USMS provides a \$500 grant to help offset travel, stipends and other costs associated with bringing in a qualified clinician.

Mentor Coach and Swimmer Clinics

This clinic program consist of a minimum two-hour coaches clinic and four-hour swimmers clinic. Both clinics are run by a coach/clinician approved by the Coaches Committee. During the coaches clinic, the mentor coach will dispense information that will be helpful to local Masters coaches in building their programs, in addition to reviewing the most current stroke technique information. Content for the swimmers clinic usually focuses on proper stroke technique for one or more of the major strokes. Other clinic topics might include basic workout design, season planning, starts and turns, or racing tips among other subjects. Content for both clinics should be developed based on the need of the hosting organization, the clinic director and the experience of the coach/clinician. Underwater videotaping and analysis may be offered at these clinics.

Open Water Clinics

This clinic program is usually hosted at an open water venue in conjunction with an open water swimming event. The clinician for this program is someone with a strong open water background, which may include accomplished open water swimmers. The clinic is directed mainly at swimmers and usually does not incorporate a coaches clinic, though coaches will be able to gain valuable information from the clinic.

Application Process

It is recommended that applications be submitted as early as possible for the coming years' clinics as clinics are awarded on a first-come-first-serve basis. Traditionally, six Mentor Coach and Swimmer Clinics and four Open Water Clinics are awarded each year.

What About Clinics?

Holding a clinic whether it be a USMS Clinic, or a clinic that you design using local coaches, is a great way to build enthusiasm for the sport. Most Masters swimmers desire to learn more about their sport and gain as much information as they can to improve their technique.

Hosting a clinic also provides your organization with exposure to others in the swimming community as well as the community at-large.

Clinics can help your organization grow with new members. By providing a valuable service through a clinic, you can prove to potential members that USMS is more than just swim meets and *Swim Magazine*.

There are a number of items that can enhance the success of a clinic, they might include:

- **Socials** can help make the clinic more than just a learning experience. Socials allow the participants to interact with each other as well as the clinician. Be sure to make provisions for family members who might accompany the swimmer participant. Include the spouses, and provide activities for the kids.
- **Family activities** can provide something to do for those not participating in the clinic. Tour a local museum, riverboat rides, skiing, or general sight-seeing can make the clinic available for the entire family.
- **Associated events**, Open Water Clinics should be associated with an open water event, and so too can the Mentor Coach and Swimmer Clinics. Couple pool a clinic with a fun meet, such as a relay only

meet, or other type of nontraditional meet. Have the pool meet the following day or the day before, and be sure to include the coaches, clinicians, to see if they can “measure up”.

- **Promotional give-aways** such as t-shirts, water bottles, energy bars, beer glasses, etc. Though they may slightly increase the cost of the clinic to your participants, they go a long way towards increasing the value of the clinic.
- **Clinic Name**, sometimes its wise to call your clinic something other than a clinic—fall festival, swimfest, are just a few ideas—these names indicate fun, which is why many people participate in Masters Swimming, for FUN!
- **Consistency**, host a clinic every year on the same weekend. Though you may not receive the USMS grant money every year, by building a reputation of hosting a great event every year, you won't need the USMS grant money to have the event a financial success.

SELECTION CRITERIA & DEADLINES

The following criteria will be used in determining how USMS Clinics are distributed.

- Location (clinics will not be in close proximity).
- Area with masters swimming growth potential.
- Groups want help in building their programs, such as small LMSCs.
- Quality of facilities.
- Number of coach and swimmer participants.

USMS Clinics are awarded on a first-come-first-serve basis, please submit your application early in the calendar year.

Important Deadline Information: All LMSCs which have not hosted a clinic in the past two years will have until June 1 to submit an application. LMSCs that have hosted within the past two years will not have their applications reviewed until after June 1. This will give priority to those who have not hosted a clinic recently a chance to host.

Video Tape Your Swimmers

Using an video camera called a Snooper, is a great way to see the underwater portion of a swimmers' stroke. The Snooper is a color underwater camera on a pole (reverse periscope) which can be plugged into any video camera, TV, or VCR, that has “Video Input.” By getting an underwater view of a swimmers stroke, both coaches and swimmers will be able to make improvements in stroke technique.

A new Snooper retails for \$900, but the USMS Coaches Committee has a program that allows USMS groups to rent the Snooper for \$75 for a 20-25 day period. Groups can use the Snooper for a USMS Clinic or other group workouts.

There are a limited number of Snoopers, so make a reservation as soon as you have a date that you plan to use the equipment. The USMS Snooper does not include a video camera, VCR, or TV, you must provide those pieces of equipment. Written instructions are included with the equipment.

Reserving a USMS Snooper is easy, fill out the application form included in this package and sent it to:

Lee Carlson
17340 Golden View
LaConner, WA 98257

For more details, contact Lee at:

Phone: 360-466-0127

Fax: 360-466-0127

E-mail: LCarlson@usms.org

Clinic Planning

This worksheet is to be an aide in your planning for a USMS Clinic. This worksheet is not an official document, and does not need to be submitted with the application material.

Initial Planning

- Get approval from your LMSC to host a USMS Clinic.
- Select a location and date to hold the clinic. Be aware of the facility calendar, and other swimming events in your area when selecting a date. Avoid dates that have a number of swimming events such as high school and club meets as coaches involved in these programs might like to participate in the Clinic.
- Work up a rough budget including projected expenses for the clinician and the amount charged to attendees.
- Select and contact a clinician from the approved list to see if he/she is available and willing to conduct the clinic at your location and on the dates proposed. Discuss honorarium and clinic content.
- Develop a rough draft of the clinic registration form. Be sure to include space for USMS registration number (all clinic participants need to be USMS registered even if its for one day).
- Fill out and send in the *USMS Clinic Application/Agreement* form to the Coaches Committee clinic coordinator. Include a rough draft of the clinic registration form.

Once Approval has been Secured from the Coaches Committee

- Confirm dates and times with facility and clinician.
- Work with the clinician to secure travel arrangements. Be specific regarding expense reimbursement procedures and expected costs.
- Work up a schedule for the clinic, including: clinician arrival and depart-

ture, lodging and meal details, start times both the coaches and swimmers clinic.

- Secure a sanction from the LMSC Sanctions chair.
- Complete clinic registration form, and distribute to area teams, clubs, LMSCs and other potential clinic participants. Use your Zone Representative to help get out the word.
- Develop a publicity plan which may include newsletters, email lists, newspapers, posters at local health clubs and YMCAs, web pages etc.
- Call local coaches and request their attendance and assistance at the clinic (ask for their swimmers' participation). Send them registration materials.
- Send in application for Snooper rental along with fee if planning an underwater videotape session. Contact Lee Carlson at 425-427-8430 (PST) or email to leedee@cablespeed.com for Snooper Camera rental details.
- Arrange for camcorder, and TV-VCR unit to be at clinic. Make certain the Snooper will work with these units.

One to two weeks before the clinic

- Check on registration numbers, make last publicity push if necessary.
- Contact clinician to reconfirm travel arrangements, and obtain any handouts needed for duplication.
- Plan coaches lunch and swimmers' hospitality if needed, or delegate the responsibility to a reliable colleague.
- Arrange for volunteers to work registration table.

- Test Snooper Camera and other AV equipment at the facility to make sure everything is working properly.

Day prior to the clinic

- Pick up the clinician from the airport and discuss clinic plan and any last minute details.
- Purchase food for hospitality.
- Confirm coaches meal.

SAMPLE MENTOR COACH CLINIC SCHEDULE

One Day Clinic Schedule

8:30 a.m.	Coaches check-in and hospitality
9:00 a.m.	Coaches clinic
11:30 a.m.	Coaches working lunch
12:30 p.m.	Swimmers check-in
1:00 p.m.	Classroom session with swimmers
2:00 p.m.	Pool session with swimmers, last portion to be videotaping
4:00 p.m.	Videotape review and analysis in classroom
5:00 p.m.	Clinic concludes

Two Day Clinic Schedule

Friday Evening	
6:30 p.m.	Coaches check-in and hospitality
7:00 p.m.	Coaches clinic
Saturday Morning	
7:30 a.m.	Swimmers check-in
8:00 a.m.	Classroom session with swimmers
9:00 a.m.	Pool session with swimmers, last portion to be videotaping
11:00 a.m.	Videotape review and analysis in classroom
12:00 p.m.	Clinic concludes

The above schedules are for clinics with approximately 25-30 swimmers and 6-10 assistant coaches. If your clinic will be significantly larger, adjustments will need to be made to accommodate for a longer time in the videotape and review sessions.

Clinic Planning *(continued)*

Day of the clinic

- Relax and get to the facility early.
- Set up meeting room, AV equipment and hospitality food.
- Set up pool area with any equipment needed.
- Have check-in materials ready. Include at the check-in table: USMS registration forms, and a complete list of your LMSCs registered swimmers.
- Introduce the clinician, the clinic has started.

During the clinic

- Distribute handouts to swimmers.
- Watch the time-line to keep the clinic on schedule.
- Hand out evaluations at the end of the clinic allowing time for all participants to complete (be sure to have pens and pencils for participants to use). If you are handing out t-shirts or other items as part of the clinic registration, wait to hand these items out until after you have received the clinic evaluation form.

After the clinic

- Take clinician to the airport.
- Finalize clinic finances including clinician expenses.
- Send in *USMS Clinic Wrap Up Report* to the Coaches Committee clinic coordinator (this is how you will receive the \$500 grant money from USMS). Include a sampling of the clinic evaluations.
- Send thank you note to the clinician and include any payments that remain outstanding.
- Write a report for the LMSC and club/team newsletter.

Financial Tips *(see sample budget on next page)*

Coaches Clinic *(for Mentor Coach and Swimmer Clinics)*

- Do not charge for the coaches clinic, but require their participation on deck during the swimmers clinic. (The clinic and lunch is their payment for their service on deck.)
- Lunch does not need to be fancy, sub-sandwiches, pizza or a potluck hosted by the local team are ways to keep the costs low.

Clinician Expenses

- Put the clinician into a swimmers' home as opposed to paying for a hotel and meal expenses.
- Have a swimmer pick the coach up from the airport as opposed to a rental car.
- Have the clinicians pay for the tickets, and then do a total reimbursement of all

expenses (stipend, travel, lodging if necessary) once the clinic is completed. Be certain you and the clinician are in agreement on the total amount budgeted for travel expenses. Plan in advance to get the best air fare rates possible.

Swimmers Clinic

- Be sure to charge enough to cover all your expenses and make a profit for the hosting LMSC/club or team.
- Suggested clinic fee \$20-\$50 depending on Mentor coach expenses, anticipated size of the clinic, regional demand and interest.
- Do not under-value your clinic. People do not think twice about spending hundreds of dollars for other types of expert training. By having a clinic fee slightly above participants comfort zone, a commitment is made on behalf of the participant to get as much out of the clinic as possible.
- Not every one wants to be videotaped, charge two rates one for those who want the videotape with analysis, and a lower rate for those who do not.
- If your plan to videotape, make available a copy of the tape for swimmers to take home. Possibly include the drills from the clinic at the front of the tape, and then add the individual swimmers to the end of the tape (requires a fair amount of planning and logistics). Be sure to factor the cost of the tapes and any professional video services that you might need.
- Promotional items, apparel items, water bottles and energy bars can add value to the clinic as well as give participants a memento of a well planned clinic.

SUGGESTED CLINIC TOPICS

Coaches Clinic

Workout Design
 Program Growth
 Income Potential
 Retaining Swimmers
 Long Axis Technique
 (Freestyle and Backstroke)
 Short Axis Technique
 (Butterfly and Breaststroke)
 Starts and Turns
 Racing Tips

Swimmers Clinic

Workout Design
 Long Axis Technique
 Short Axis Technique
 Starts and Turns
 Racing Tips
 Open Water Navigation
 Open Water Planning

Sample Budget (for a clinic of 10 coaches and 40 swimmers)

Expenses	<i>Sample</i>	Your Predicted	Actual
Facilities & Pool Rental			
Pool Rental Fee (3 hours @ \$30/hour)	\$90.00		
Meeting Room Fee (approximately 5 hours @ \$20/hour)	\$100.00		
Equipment and Services			
Snooper Rental	\$75.00		
AV Equipment Rental (TV/VCR Unit)	\$75.00		
Video Services, Videotape	\$150.00		
Clinician			
Travel, Lodging and Meals	\$500.00		
Stipend	\$300.00		
Clinic Director	\$100.00		
Food and Hospitality			
Coaches Lunch at \$8.00/coach (10 coaches, clinic director and Mentor Coach)	\$96.00		
Hospitality (coffee, juice, muffins)	\$50.00		
Administrative and Promotions			
Copying, Postage, Publicity	\$75.00		
Total Expenses	\$1,611.00		
Income			
Clinic Registrations 40 Swimmers at \$40	\$1,600.00		
USMS Seed Money	\$500.00		
Total Income	\$2,100.00		
Profit (to benefit local LMSC, club or team)	\$489.00		

Approved Clinicians

Selection of Clinician

It is recommended that a lead clinician be selected from the list noted below. For all clinics, the coach must be noted on the application before the clinic status will be granted. If you would like to use a coach other than noted on this list, contact the Coaches Committee Clinic Coordinator to get approval.

All the clinicians on this list are experienced clinicians as well as energetic presenters.

Bonnie Adair

Southern California Aquatics
Santa Monica, CA
310-451-6666
swims@jps.net

Bob Bruce

Central Oregon Masters
Bend, OR
541-317-4851
bobbruce13@attglobal.net

Mo Chambers

Santa Barbara Masters
Santa Barbara, CA
805-569-3775
moswimn@best.com

Marcia Cleveland*

Connecticut Masters
Riverside, CT
203-637-2206
marciaC944@aol.com

Michael Collins

Novaquatics
Irvine CA
949-574-3045
mikec@swiminfo.com

Clay Evans

Southern California Aquatics
Santa Monica, CA
310-451-6666
swims@jps.net

Doug Garcia

Washington State University Masters
Pullman, WA
509-332-1621
dougarcia@usms.org

Emmett Hines

H2Ouston Swims
Houston TX
713-748-7946
ehines@bigfoot.com

Kris Houchens

YMCA Indy SwimFit
Indianapolis, IN
317-475-1823
krishouchens@hotmail.com

Jim Miller

Virginia Masters
Midlothian VA
804-320-2143
jwmswimmd@aol.com

Jim Montgomery

Dallas Aquatic Masters
Dallas TX
214-219-2300
montgomery@damswim.com

Ed Nessel

Jersey Masters
Edison, New Jersey
908-561-5339
ednessel@aol.com

Randy Nutt*

Florida Gold Coast Masters
Coral Springs, FL
954-755-3318
info@randynutt.com

Kerry O'Brien

Walnut Creek Masters
Walnut Creek, CA
510-934-5657
ob@gateway.net

Scott Rabalais

Savannah Masters Swimming
Savannah GA
912-927-7016
scottrabalais@compuserve.com

Gerry Rodrigues

UCLA Bruin Masters
Los Angeles, CA
310-645-5937
swimpro@aol.com

Brian Stack

Manatee Masters
Oakland, CA
510-235-6842
stacb@aol.com

Frank "Skip" Thompson

Michigan Masters
West Bloomfield, MI
313-755-4639
fthomps@visteon.com

Scott Williams

The Olympic Club
San Francisco, CA
415-345-5125
swilliams@olyclub.com

* indicates open water clinics only

USMS Clinic Wrap Up Report (submit once clinic finances have been resolved)

LOCAL CLINIC DIRECTOR (MAIN CONTACT)

NAME CLINICIAN _____ TYPE OF CLINIC
 MENTOR COACH AND SWIMMER OPEN WATER

LOCATION OF CLINIC _____ CLINIC DATE(S) _____

NUMBER OF COACHING PARTICIPANTS _____ NUMBER OF SWIMMING PARTICIPANTS _____

NUMBER OF NEW USMS REGISTRATIONS _____ NUMBER OF ONE-EVENT REGISTRATIONS _____

TOTAL INCOME _____

TOTAL EXPENSES _____

PROFIT _____ PROFIT RECIPIENT _____

Indicate the usefulness of the following documents:

- | | | | |
|---|---------------------------------------|---|---|
| Clinic Details | <input type="checkbox"/> Very Helpful | <input type="checkbox"/> Slightly Helpful | <input type="checkbox"/> Did Not Use |
| Planning Worksheet | <input type="checkbox"/> Very Helpful | <input type="checkbox"/> Slightly Helpful | <input type="checkbox"/> Did Not Use |
| Sample Budget | <input type="checkbox"/> Very Helpful | <input type="checkbox"/> Slightly Helpful | <input type="checkbox"/> Did Not Use |
| Clinic Evaluation Form | <input type="checkbox"/> Very Helpful | <input type="checkbox"/> Slightly Helpful | <input type="checkbox"/> Did Not Use |
| Your overall opinion of the clinic | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Your overall opinion of the clinician | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Would you recommend that others use this clinician | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Would you and your organization be interested in hosting another USMS clinic in the future? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Any additional comments (use more paper if necessary) _____

USMS grant money should be made payable to whom and mailed to whom?

NAME ON CHECK _____

C/O _____

ADDRESS _____

CITY/STATE/ ZIP _____

Send Wrap up Report to: Doug Garcia
 1505 NW Kenny Drive
 Pullman WA 99163
 Questions, contact Doug at 509-332-1621 (before 9 pm PST please) or email to: douggarcia@usms.org

Clinic Evaluation

The United States Masters Swimming Coaches Committee and the local host thank you for attending this clinic. To continually improve our clinics, we would appreciate your opinion of how things went. Please make any added comments on the back of this form or on an additional sheet of paper if necessary.

Clinic Date and Location

Type of Clinic Mentor Coach and Swimmer Open Water

Name (optional)

- | | | | | |
|--|------------------------------------|----------------------------------|-------------------------------|-------------------------------|
| I participated as a: | <input type="checkbox"/> Coach | <input type="checkbox"/> Swimmer | | |
| If you participated as a coach did you get in the water? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Clinic organization | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Clinic format and schedule | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Value of the clinic | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Effectiveness of the coaches clinic (if you attended) | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Effectiveness of the coaches lecture | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Effectiveness of the video analysis (if provided) | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Effectiveness of the in-water instruction | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

What improvements would you make?

What was the most valuable/useful part of the program?

What as the least valuable/useful part of the program?

Other comments

Please return to clinic host and thank you for your participation!

USMS Snooper Rental Application *(please print clearly)*

SUBMITTED BY (NAME)		HOST CLUB/TEAM NAME	
LMSC		ZONE	
ADDRESS		EMAIL ADDRESS	
CITY	STATE	ZIP	
HOME PHONE	WORK PHONE	FAX	
SHIPPING ADDRESS IF DIFFERENT THAT ABOVE			
NAME			
ADDRESS			
CITY	STATE	ZIP	
HOME PHONE	WORK PHONE	FAX	
PREFERRED DATES (1ST CHOICE)	(2ND CHOICE)	(3RD CHOICE)	
HOW WILL YOU BE USING THE SNOOPER (CHECK ALL THAT APPLY)			
<input type="checkbox"/> AT WORKOUTS WITH YOUR TEAM	<input type="checkbox"/> AT A SPECIAL VIDEO TAPING	<input type="checkbox"/> AT A USMS CLINIC	
<input type="checkbox"/> TO RAISE MONEY TO PURCHASE YOUR OWN SNOOPER	<input type="checkbox"/> OTHER, PLEASE DESCRIBE		

Snooper priority will be given to groups hosting a USMS Clinic. If you are hosting a USMS Clinic, please include a description and details or a rough draft of the clinic sign up sheet. Reservations are made on a first-come-first-serve basis. You will be contacted within two weeks of application regarding the application status.

I/we agree to take responsibility for the use of the Snooper video camera equipment.

I/we have included a deposit check for \$250. This will be cashed and a new check issued once the camera has been returned and in proper working condition.

I/we have included a check for \$75 to cover shipping, maintenance, etc. (non-refundable).

I/we agree to mail the Snooper back to Lee Carlson,

I/we agree to mail the Snooper back **insured for \$650**, on the designated date or incur a \$25 penalty per week late fee.

COACH OR CLINIC DIRECTOR SIGNATURE	DATE
CLUB OR LMSC CHAIR SIGNATURE	DATE

Make Checks payable to: United States Masters Swimming (USMS)
 Mail to: Lee Carlson
 17340 Golden View
 LaConner, WA 98257

For more information contact Lee Carlson • Phone: 360-466-0127 • Fax: 360-466-0127 • Email: LCarlson@usms.org