

# 2022 SCS DDEI Select Camp Application



**October 29th - 30th, 2022**  
**Pomona-Pitzer College, Claremont, CA**  
**Sanction #C22-246**

## **Fundamental Objectives and Purpose of the Camp:**

The purpose of the camp is to create an atmosphere of motivation and educational opportunities for athletes of underrepresented communities to develop the necessary leadership skills to achieve excellence in their sport and their communities.

## **Athlete Application:**

Athletes' birthdays must be between 10/29/2007 and 10/30/2008 and cannot have attended a National Diversity Camp, Western Zone Diversity Select Camp, or a previous Southern California Diversity and Inclusion Camp.

## **Qualification Standards:**

Any USA Swimming registered athlete who meets the qualification time standards, has not previously attended a DDEI Select Camp, and represents an underrepresented population, ethnic minority, LGBTQ+, or low income, within our sport.

**Site:** Haldeman Pool, 220 E 6th St Claremont, California 91711

**Cost:** \$30 in cash or check, payable to Southern California Swimming

## **Camp Schedule:**

The 1.5-day camp itinerary will be released prior to the camp. It will include a combination of pool training, motivational and educational sessions, as well as team-building activities.

## **Approximate Timeline:**

- Saturday: 8:30 - 5:00 PM
- Sunday: 8:00 - 12:00 PM

**Camp Staff:**

The camp staff will be selected from accomplished multicultural candidates from across SCS, and will include coaches, athlete representatives, Olympians, and an SCS Board Member.

**Equipment to be Brought From Home:**

Any necessary swim equipment, multiple changes of clothes/towels, and water bottles.

**Equipment and Provisions provided by Camp Staff:**

Camp Tee-Shirt

Camp Cap

Lunch will be provided each day of the camp. Water and snacks will be available throughout the day.

**Application Due Date:** October 14th, 2022 at 11:59 PM

**Hotel Information:**

La Quinta Inns & Suites  
3200 W Temple Ave  
Pomona, CA 9167  
(909) 598-0073

Call or use the link below to book. We recommend booking the room ASAP. Cancellations can be made up to 24 hours before the first day of the reservation.

When calling reference SoCal DDEI  
Double Queens \$179.00 – Double/Quad Occupancy  
King \$179.00 – Single/Double Occupancy  
Hot Breakfast Included  
Parking \$5 per night

<https://www.wyndhamhotels.com/laquinta/pomona-california/la-quinta-pomona/rooms-rates?&checkInDate=10/28/2022&checkOutDate=10/30/2022&groupCode=CGLENI>

## ATHLETE INFORMATION:

Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ USAS ID: \_\_\_\_\_

Swim Club Name: \_\_\_\_\_ Swim Club Code and LSC: \_\_\_\_\_

Gender Identity:

- ☐ Male
- ☐ Female
- ☐ Gender Non-Conforming
- ☐ Other: \_\_\_\_\_

Race: (You may check more than one)

- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Pacific Islander
- ☐ Native American
- ☐ Hispanic/Latino
- ☐ Asian/Asian American
- ☐ Native Alaskan
- ☐ Native Hawaiian
- ☐ Mixed Race
- ☐ Other: \_\_\_\_\_

Please list any disabilities that you may have:

If you are an athlete with disabilities, is there any additional assistance that you may need?

I'm diverse in another way (Outreach Scholarship Recipient, LGBTQ+ Identifying, Other)

## TOP SWIMMING PERFORMANCES:

Please list your top five swims since January 1st, 2022. List only one course per event. Please check the time standard for your age when the time was achieved. Athletes must have three or more 13-14 B Times, or have registered para-athlete times.

Click [Here](#) to Review USAS Time Standards.

Click [Here](#) to Review Para Time Standards.

Event	Time	Course	Standard Achieved

## MUST READ AND INITIAL ALL STATEMENTS OR APPLICATION WILL NOT BE CONSIDERED

\_\_\_\_\_ I will be physically ready for training when I arrive at camp.

\_\_\_\_\_ I understand that I must meet the diversity and/or disability eligibility to apply for this camp.

\_\_\_\_\_ I understand that I must meet the selection eligibility requirements and the qualifying time standards to apply for this camp.

\_\_\_\_\_ I have listed my qualifying times for the camp in Part B.

\_\_\_\_\_ I will follow all the USA Swimming rules, camp rules, and my LSC rules including code of conduct and safe sport.

\_\_\_\_\_ I am returning this application to my local LSC Board chair for submission by their published deadline.

\_\_\_\_\_ I have NOT attended a previous SCS DDEII Camp, Western Zone DDEII Select Camp or a USA Swimming National Diversity Select Camp.

\_\_\_\_\_ I will be an athlete mentor at future local camps as requested by my LSC D&I Committee.

\_\_\_\_\_ I will pay the camp fee by check or cash on the 1st day of camp of \$30.00. Made payable to SCS.

\_\_\_\_\_ I will attend the second day of camp. Please write YES or NO on the line.

My signature below attests to the above athlete's eligibility:

Athlete Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Coach of Record Signature: \_\_\_\_\_ Date \_\_\_\_\_

### **SHORT ANSWER QUESTIONNAIRE:**

Please answer these questions in 200 words or less.

Describe what diversity means to you.

Describe what inclusivity means to you.

If accepted, what do you hope to gain from this experience?

## MEDICAL AUTHORIZATION:

Athlete Name: \_\_\_\_\_ LSC: \_\_\_\_\_ SCS \_\_\_\_\_

I consent to medical care for my minor child, born on \_\_\_\_\_, 20\_\_\_\_, including routine diagnostic procedures and medical, dental, and/or surgical treatment by a physician, if needed during the 2022 Southern California Swimming Diversity, Disability and Inclusion Select Camp. I give consent to the camp staff to obtain said medical care if needed.

Swimmer's Signature	Printed Name	Date
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Parent or Legal Guardian Signature	Printed Name	Date
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List any medical conditions:

List any allergies including medication, food, and over the counter medications:

List any medications that must be administered:

Any special food requirements:

Please include telephone numbers for a parent, relative or guardian in case of an emergency.

Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

## ATHLETE CODE OF CONDUCT:

The purpose of a code of conduct for athletes is to establish a consistent expectation for athletes' behavior. By signing this code of conduct, I agree to the following statements:

- ☐ I will always respect and show courtesy to my campmates and coaches.
- ☐ I will demonstrate good sportsmanship at all practices and sessions.
- ☐ I will set a good example of behavior and work ethic for my campmates.
- ☐ I will be respectful of my campmates' feelings and personal space. Swimmers who exhibit sexist, racist, homophobic or otherwise inappropriate behavior will be faced with consequences.
- ☐ I will attend all camp meetings and training sessions unless I am excused by a coach.
- ☐ I will respect all facilities and other property (including locker rooms) used during practices, sessions, team activities, and personal time.
- ☐ I will refrain from foul language, violence, or behavior deemed dishonest, offensive, or illegal.
- ☐ I will obey all of USA Swimming's rules and codes of conduct.
- ☐ I understand that if I violate this code of conduct, I will be subject to disciplinary action determined by the coach staff and coaches.

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Swimmer's Signature

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Date

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Parent/Guardian Signature

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Date

## **CAMPUS LIABILITY INFORMATION:**

**LIABILITY:** IT IS UNDERSTOOD AND AGREED THAT USA SWIMMING and SCS SHALL BE FREE FROM ANY LIABILITIES OR CLAIMS FOR DAMAGES ARISING BY REASON OF INJURIES TO ANYONE DURING THE CONDUCT OF THE CAMP. BY ATTENDING OR PARTICIPATING IN THIS CAMP, YOU VOLUNTARILY ASSUME ALL RISKS ASSOCIATED WITH EXPOSURE TO COVID-19 AND FOREVER RELEASE AND HOLD HARMLESS USA SWIMMING AND LSC-CA AND EACH OF THEIR OFFICERS, DIRECTORS, AGENTS, EMPLOYEES OR OTHER REPRESENTATIVES FROM ANY LIABILITY OR CLAIMS INCLUDING FOR PERSONAL INJURIES, DEATH, DISEASE OR PROPERTY LOSSES, OR ANY OTHER LOSS, INCLUDING BUT NOT LIMITED TO CLAIMS OF NEGLIGENCE AND GIVE UP ANY CLAIMS YOU MAY HAVE TO SEEK DAMAGES, WHETHER KNOWN OR UNKNOWN, FORESEEN OR UNFORESEEN, IN CONNECTION WITH EXPOSURE, INFECTION, AND/OR SPREAD OF COVID-19 RELATED TO PARTICIPATION IN THIS CAMP.

**Concussion Informed Consent Acknowledgement:** Any swimmer under the age of 18 entered in the camp must have a current (within the year), athlete and parent signed Concussion Informed Consent Acknowledgement. If affiliated with a member club, it must be on file with the club. If unaffiliated with a member club, it is the responsibility of the swimmer or the swimmer's parent or legal guardian to ensure compliance with this requirement. **MAAP Statement:** Current USA Swimming Rules, including the Minor Athlete Abuse Prevention Policy 2.0 ("MAAPP2.0"), will govern this camp.

**COVID Acknowledgement:** We have taken enhanced health and safety measures – for you, coaches, officials, and swimmers. You must follow all posted instructions while attending or participating in this camp. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and people with underlying medical conditions are especially vulnerable. By attending or participating in this camp, you voluntarily assume all risks related to exposure to COVID-19. As always, USA Swimming, Local Swimming Committees (LSC) and club activities must follow state and local guidelines.

**Facility Guidelines:** Be advised that Ponomo-Pitzer College is located in the City of Claremont and, as such, is governed by the County of Los Angeles Health Department guidelines. Should new restrictions and / or guidelines come into effect any time prior to the camp, the camp will be required to comply. Be further advised that this could include any limitation on the size of a gathering outdoors. An additional prelim site is being arranged as a back-up just in case of such a limitation being mandated.



## **Hold Harmless Waiver**

**It is my intent as a participant in the 2022 SCS DDEI Camp sanctioned activities, while participating during activities including any pre-game or post-game activities at Pomona College that I am agreeable to the following:**

**I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:**

- **An outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof;**

**In consideration of having the opportunity to participate as a team member at location, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify Southern California Swimming and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below.**

**Printed Name**\_\_\_\_\_

**Signature**\_\_\_\_\_

**Date** \_\_/\_\_/\_\_