

**2018 Southern California Swimming  
DIVERSITY & INCLUSION SELECT CAMP  
October 20<sup>th</sup> and 21st, 2018  
Commerce, CALIFORNIA**

**Athlete's birthdays need to be between October 20th, 2003-October 20th, 2006**

**Athlete Information**

**Athlete's Name:** \_\_\_\_\_

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

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

**Athlete's Phone:** (       ) \_\_\_\_\_

**Athlete's Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **USA Swimming Number:** \_\_\_\_\_

☐ **Male**   ☐ **Female**   ☐ **Gender non-conforming**

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

**Parent #1 Name:** \_\_\_\_\_

**Parent #2 Name:** \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

**Parent Phone Number:** \_\_\_\_\_

**T-shirt size:**   ☐ **Small**   ☐ **Medium**   ☐ **Large**   ☐ **X-Large (Adult sizes)**

**Southern California Diversity Select Camp Eligibility:** Any swimmer who represents an ethnically under-represented population that is less than 10% of the current USA Swimming membership is eligible for this camp.

You may check more than one:

\_\_\_\_ African American   \_\_\_\_ Native American   \_\_\_\_ Hispanic/Latino   \_\_\_\_ Asian  
\_\_\_\_ Pacific Islander   \_\_\_\_ Native Alaskan   \_\_\_\_ Native Hawaiian

\_\_\_\_ I'm diverse in another way, e.g. Outreach (home club scholarship), LGBTQ, other. If you choose to, feel free to elaborate. \_\_\_\_\_

**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 eligibility (Part A) 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 D&I Camp, Western Zone D&I 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 1<sup>st</sup> day of camp of **\$30.00**. Made payable to SCS.
- \_\_\_\_\_ I will attend the second day of camp, assisting Sigma Gamma Rho community outreach swim lesson program. 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 \_\_\_\_\_

## **Top Swimming Performances**

Please list your top five swims since January 1, 2018. List only one course per event. Please check the time standard for your age when the time was achieved. Must have two or more BLUE times.

<u>Event</u>	<u>Time</u>	<u>Course</u>	<u>IMX Points</u>	<u>National Standard</u>		
_____	_____	_____	_____	<input type="checkbox"/> Red	<input type="checkbox"/> Blue	<input type="checkbox"/> JAG/JO
_____	_____	_____	_____	<input type="checkbox"/> Red	<input type="checkbox"/> Blue	<input type="checkbox"/> JAG/JO
_____	_____	_____	_____	<input type="checkbox"/> Red	<input type="checkbox"/> Blue	<input type="checkbox"/> JAG/JO
_____	_____	_____	_____	<input type="checkbox"/> Red	<input type="checkbox"/> Blue	<input type="checkbox"/> JAG/JO
_____	_____	_____	_____	<input type="checkbox"/> Red	<input type="checkbox"/> Blue	<input type="checkbox"/> JAG/JO

## 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 2018 Southern California Diversity 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 respect and show courtesy to my campmates and coaches at all times.
- ☐ 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 show respect for all facilities and other property (including locker rooms) used during practices, sessions, team activities and personal time.
- ☐ I will refrain from foul language, violence, 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.

\_\_\_\_\_  
Swimmer's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

### **APPLICATION DEADLINE:**

**Your completed application is due to your LSC Chair by September 24, 2018.**

**SCS Submissions shall be mailed to:** Sarah Dawson  
23215 Via Mirlo  
Mission Viejo, CA 92691  
[coachsarah@mvnswim.org](mailto:coachsarah@mvnswim.org)

## **CAMP ITINERARY**

### **Saturday, 10/20/18 SCS D&I Camp**

8:30a-9:00a	Check-In
9:00a-9:30a	Introduction/Ice Breaker
9:30a-10:15a	Cullen Jones Talk Introduction
10:30a-12:00p	Pool Session #1
12:15p-1:00p	Lunch
1:00p-1:30p	After Lunch Camp Activity
1:45p-2:15p	Cullen Jones Talk #2
2:30-3:45p	Pool Session #2
3:45p-4:30p	Camp Directors Lecture
4:30p-5:00p	Wrap-Up/Conclusion

### **Sunday, 10/21/18 Sigma Gamma Rho Community Outreach Day**

8:00a-8:30a	Check-In
8:30a-9:00a	Setup Meeting with Sigma Gamma Rho
9:00a-10:00a	Introduction of community outreach athletes/SCS D&I Camp athletes
10:00-11:00a	Swim Lesson
11:00a-11:30a	LUNCH
11:30a-12:00p	Wrap Up/End of Camp