



## WESTERN ZONE SELECT DIVERSITY CAMP JUNE 16 – 19 SALT LAKE CITY, UTAH

The Western Zone Diversity Select Camp is a three-day program full of pool training, education, motivational sessions, team-building activities and participation in a local outreach event.

**Purpose:** Instill a vision of success and inspire athletes from under-represented populations to become leaders in the sport of swimming.

**Site: University of Utah, Salt Lake City, Utah.** The University of Utah is located in the foothills of the Wasatch Mountains in Salt Lake City. The Ute Natatorium features three pools: a six lane 25 yard training pool, an eight lane 25 yard competition pool and the newly refurbished 20x15 diving well. Participants will be housed on campus.

### CAMP QUALIFICATION AND NOMINATION PROCESS FOR SNS SWIMMERS ~

Sierra Nevada Swimming will nominate two automatic athletes (1 female and 1 male) and four consideration athletes (2 female and 2 male). The **automatic athletes** will be the male and female with the highest power-point score in an Olympic event for their gender. The consideration athletes will be nominated by SNS based on representational diversity and IMX scores. The Western Zone will determine which, if any, of the SNS consideration athletes will be accepted. Sierra Nevada Swimming will be responsible for all camp expenses for the athletes selected and will make all necessary travel arrangements to and from the Camp.

#### How to Qualify:

1. You represent an under-represented population that is less than 20% of the current USA Swimming ethnic membership, outreach and/or LGBT.
2. You have not attended a previous Western Zone or USA Swimming Diversity Select Camp.
3. You will be in the ninth or tenth grade as of September 2016.
4. You will be at least 13 years old and not more than 16 years old on June 16, 2016.
5. You will be available to be an athlete mentor for SNS should there be in LSC wide Diversity camp during the 2016-2017 swim calendar.
6. You have achieved at least one of the following time standards:

50 FR	100 FR	200 FR	400 FR	800 FR	1500 FR	100 BK		200 BK	100 BR	200 BR	100 FL	200 FL	200 IM	400 IM
27.69	59.99	2:09.29	5:43.99	11:52.39	-	1:05.39	<b>GIRLS-SCY</b>	2:21.19	1:15.69	2:42.79	1:05.29	2:22.99	2:24.79	5:07.29
31.69	1:08.39	2:27.19	5:08.89	10:37.09	-	1:15.99	<b>GIRLS-LCM</b>	2:42.29	1:26.69	3:05.69	1:13.89	2:42.29	2:46.39	5:49.69
24.79	54.19	1:58.59	5:21.19	-	18:39.99	59.79	<b>BOYS-SCY</b>	2:09.89	1:07.89	2:28.09	58.99	2:11.39	2:12.29	4:43.99
27.89	1:02.19	2:16.49	4:48.69	-	19:07.79	1:09.69	<b>BOYS-LCM</b>	2:28.89	1:18.89	2:49.99	1:07.09	2:29.09	2:32.79	5:24.49

#### CAMP APPLICATION

To apply, complete the attached Western Zone Select Camp Application and return it to the SNS Office no later than **April 4, 2016** ~ using the address below in the footer:

**Sierra Nevada Swimming      5350 Whitehaven Way    Antelope CA      95843**



**WESTERN ZONE DIVERSITY & INCLUSION SELECT CAMP AND SUMMIT**  
**June 16 - June 19, 2016**  
**University of Utah Natatorium, Salt Lake City, Utah**

**Athlete Application**

**ATHLETE APPLICATIONS MUST BE RETURNED TO SNS BY APRIL 4, 2016**

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

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

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

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

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

**USA Swimming Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_      \_\_\_ Male      \_\_\_ Female

**Club Name:** \_\_\_\_\_ **Club Abbreviation:** \_\_\_\_\_

**Parent Names:** \_\_\_\_\_

\_\_\_\_\_

**Parent contact email address:** \_\_\_\_\_

**Parent contact phone number:** \_\_\_\_\_

T-shirt size: \_\_\_ Small; \_\_\_ Medium; \_\_\_ Large; \_\_\_ XLarge (check one) -- Adult sizes

**Western Zone Diversity Select Camp Eligibility:**

Any swimmer who represents an ethnically under-represented population that is less than 20% of the current USA Swimming membership as well as outreach and LGBT athletes. You may check more than one:

\_\_\_ African American    \_\_\_ Hispanic or Latino    \_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_ Native Alaskan    \_\_\_ Asian    \_\_\_ Native American    \_\_\_ Outreach    \_\_\_ LGBT

\_\_\_ Other Ethnicity \_\_\_\_\_ (List)

**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 ethnicity/outreach/LGBT eligibility (above) 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 understand the additional camp details will be provided to me upon my acceptance.
- \_\_\_ I understand that additional paperwork that I receive MUST be returned to the Western Zone Diversity Select Camp Oversight Committee on or before their published deadlines.
- \_\_\_ I have listed my qualifying times for the camp on my application. If I have not achieved the preferred qualification, I have listed the secondary qualifications that I have achieved on my application.
- \_\_\_ I understand funding for this camp will come from my local LSC for transportation, room and meals provided for me at the camp.
- \_\_\_ 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 appointee for submission by their published deadline.
- \_\_\_ I have not attended a previous Western Zone Diversity and Inclusion Select Camp or a USA Swimming National Diversity Select Camp.

Use this section to list your camp qualifying time:

Event (List SCY or LCM)	Qualifying Time	Time Std	Age	Meet Where Time Was Achieved	Date/Location of Meet	USA Swimming Power Points

Use this section to list your other best events and times even if you do not have a camp qualifying time standard in that event:

Event (List SCY or LCM)	Qualifying Time	Time Std	Age	Meet Where Time Was Achieved	Date/Location of Meet	USA Swimming Power Points

**List your IMX Score for the current season:** \_\_\_\_\_  
 (Find the IMX Score on your own *MY USA Swimming* page at [www.usaswimming.org](http://www.usaswimming.org).  
 Find more information about IMX in the *Times/Time Standards* section on the USA Swimming website.)

**Signatures below testify to the eligibility of the athlete:**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Athlete Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Coach of record Signature: \_\_\_\_\_ Date \_\_\_\_\_

**2016 Western Zone Diversity and Inclusion Select Camp  
University of Utah, Salt Lake City, Utah  
June 16 - June 19, 2016  
Medical Authorization**

**Athlete Name:** \_\_\_\_\_ **LSC:** \_\_\_\_\_

I consent to medical care for my minor child, including routine diagnostic procedures and medical, dental, and/or surgical treatment by a physician, if needed during the 2016 Western Zone Diversity and Inclusion Select Camp. I give consent to the camp staff to obtain said medical care if needed.

\_\_\_\_\_  
Parent or Legal Guardian Signature      Printed Name      Date

\_\_\_\_\_  
Swimmer's Signature      Date      Swimmer Date of Birth

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 where a parent, relative or guardian may be reached in case of an emergency.

Contact Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ day or night

Relationship \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ day or night

Relationship \_\_\_\_\_

Insurance Information:

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

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

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

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

City, State, Zip Code: \_\_\_\_\_