

**2018 SC Swimming Diversity and Inclusion Swim Clinic**

**Date:** Saturday, May 12th, 2018

**Place:** University of South Carolina Sol Blatt P.E. Center

 1600 Wheat Street

 Columbia, South Carolina 29201

**Time:** 9:00 am – 12:00 pm

**Cost:** $10.00 per athlete

(USA Swimming register member ages 12 to 7 years old swimmers only)

**Application DEADLINE:** Saturday, May 12, 2018

**For more information: Stanley McIntosh, SC Swimming Diversity & Inclusion Chair**

 **Email:** **smcintosh@greenviewdolphins.com**



Athlete’s Registration and Code of Conduct

As a member of the 2018 SC Swimming Diversity & Inclusion Swim Clinic, I consent to abide by the below described rules of conduct and understand that violations may result in full or partial forfeiture of my privileges, or in other disciplinary proceedings:

 **1.** The possession or use of alcohol, tobacco products or any non-prescribed drugs is

 prohibited.

 **2.** Visitation by any members of the opposite sex in the cabin/hotel room is prohibited.

 **3.** Any physical damage to facility equipment, camp equipment, non-accident will be

 paid for by those athletes individually involved.

 **4.** All swimmers/athlete are expected to follow the directions of the swim clinic coaching staff

 and chaperones.

 **6.** Swim Clinic athletes will refrain from all illegal or inappropriate behavior that would

 Detract from a positive image of the swim clinic or be detrimental to its performance

 objectives.

 **7.** Unacceptable behavior will not be tolerated, including but not limited to the

 following: **a.** any act considered to be an offense under federal, state, or local

 laws. **b.** Gross misconduct (i.e. inappropriate horseplay, fighting, etc.) **c.** Willful

 destruction of property (i.e. inappropriate horseplay, fighting, etc.)

 **8.** Swim clinic athletes will display proper respect and sportsmanship toward coaches,

 chaperones, officials, administrators, fellow athletes, USC employees, camp

 coaches and public.

 **9. All athlete must stay with the swim clinic always. Leaving the clinic facility is**

 **not permitted. Failure to comply with the code of conduct may result in the but**

 **not necessary be limited to, either or all the following actions:**



**2018 SOUTH CAROLINA DIVERISTY & INCLUSION SWIM CLINIC**

**Application**

**Athlete**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Age:** \_\_\_ (12-7 Swimmers only)

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SC Swim Team** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that I, as parent/guardian of this athlete have explained to my child the stipulated condition and their ramifications, and I consent to his/her participation in this activity conducted under the backing of South Carolina Swimming.

I understand the cost of the 2018 SC Swimming Diversity Select Camp is $25. The cost includes all meals and any transportation from and to the site. I understand I am responsible for transportation to the host site Sol Blatt P.E. Center and return home.

I understand that if I confirm that my swimmer is attending the SCS Diversity Select Camp and we fail to attend the **$10 fee is NON-REFUNDABLE.**

I agree to hold harmless South Carolina Swimming, The University of South Carolina, and its employees, all members of the SC Swimming Diversity Select Camp coaches/camp staff, and any other persons or agencies officially associated with the 2018 SC Swimming Diversity Select Camp.

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 Parent’s Name (Please Print) Signature

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (D) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Same as Above? (Y) Today’s Date; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**2018 SOUTH CAROLINA DIVERISTY and INCLUSION SWIM CLINIC**

Please include a copy of swimmers’ health insurance card, T-shirt size on the application. Make check out to SC Swimming for **$10.00**

Mail payment to**: SC Swimming Diversity and Inclusion Swim Clinic**

**PO Box 460
Six Mile, SC 29682-0460**

Return this document by email or by mail to Stanley McIntosh at:

**Email:** **smcintosh@greenviewdolphins.com** or mail application and requested documents to:

**Mail diversity camp application to:**

**Greenview Swim Team**

**c/o SC Swimming Diversity Select Camp**

**P.O. Box 4836**