

**2018 South Carolina Swimming Diversity Select Camp**

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

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

 1600 Wheat Street

 Columbia, South Carolina 29201

**Time:** 8:30 am – 5:00 pm

**Cost:** $25.00 per athlete

**Application DEADLINE:** Saturday, March 31, 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 Select Camp, 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.** All swimmers/athlete will be required to attend all Camp meetings, training sessions

 and unless excused by the camp coaching staff.

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

 paid for by those athletes individually involved.

 **5.** All swimmers/athlete are expected to follow the directions of the camp coaching staff

 and chaperones.

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

 Detract from a positive image of the diversity camp 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.** Camp 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 camp at all times. Leaving the camp 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 of the following actions:**



**TIME STANDARD FOR APPLICATION**

**You must have achieved at least one of these time standards to be eligible for the diversity camp.**

**Girls SCY LCM EVENTS Boys SCY LCM**

32.69 37.29 **50 FREE** 29.99 34.39

1:10.79 1:21.19 **100 FREE** 1:05.59 1:15.39

2:33.19 2:42.59 **200 FREE** 2:22.99 2:44.09

6:49.39 6:07.19 **500/400 FREE** 6:26.59 5:49.09

1:17.19 1:29.99 **100 BACK** 1:12.09 1:24.39

1:28.69 1:42.29 **100 BREAST** 1:21.39 1:34.89

1:16.89 1:27.29 **100 FLY** 1:11.49 1:21.29

2:51.499 3:17.39 **200 IM** 2:39.99 3:05.29

6:05.79 6:57.39 **400 IM** 5:41.79 6:32.69

14:01.99 12:35.99 **1000/800 FREE** 13.21.19 12.05.89



**MEDICAL CONSENT FORM**

ATHLETE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(PRINT NAME)**

In the event an injury occurs during the Diversity Select Camp, permission is granted to the coaching staff to provide needed First Aid treatment to such an injury. In the event an emergency situation arises, permission is granted to the coaching staff to provide the needed emergency treatment to the athlete prior to the athlete admission to a medical facility.

Permission is also granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunization for the above athlete name printed. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the camp coaching staff or the attending physician to contact me in the most expeditious way possible. If the camp coaching staff or physician is not able to communicate with me, the treatment necessary for the best interest of the above-named athlete may be given.

The SCS Diversity Select Camp coaching staff, SC Swimming and the University of South Carolina Staff will not be responsible for any medical expenses incurred as a result of injury. USA Swimming and the parents or guardian of the above-named athlete will assume financial responsibility for the professional medical service rendered.

Parent’s or Guarding Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Co. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child allergic to any medications: [YES] **(if yes please list)** or [NO]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE PROVIDE A COPY OF INSURANCE CARD WITH THIS FORM**



**2018 SOUTH CAROLINA DIVERISTY SELECT CAMP**

**Application**

**Athlete**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_\_\_

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

**SC Swim Team** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **T-SHIRT SIZE** \_\_\_\_\_\_ **(A or Y)**

 **(circle one)**

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 **$25 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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 SELECT CAMP**

Please include a copy of swimmers’ health insurance card, T-shirt size on the application. Make check out to SC Swimming for **$25.00**

Mail payment to**: SC Swimming Diversity Select Camp**

**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**

**Columbia, SC 29240**

Forms and payment must be received by March 31, 2018 to be guaranteed a diversity camp T-shirt, diversity swim cap and diversity kick board. Applications will be accepted after this date if there is space available, diversity T-shirt, swim cap and kick board are **not guaranteed.**