 

**WESTERN ZONE DIVERSITY and INCLUSION SELECT CAMP**

**and DIVERSITY SUMMIT**

**June 16 - June 19, 2016**

**University of Utah Natatorium, Salt Lake City, Utah**

**Athlete Application**

**General Information:**

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

**Goals:** To empower athletes from ethnically under represented populations, those economically disadvantaged, and LGBT and their coaches to:

**1.** Demonstrate the viability of inclusiveness in swimming within their local LSC

**2.** Achieve performance excellence at every level of the sport

**3.** Expound the benefits and value of participating in the sport of swimming

**4.** Be positive leaders and role models that others from socioeconomic backgrounds can emulate

**5.** To connect, network and promote the virtues of the sport of swimming through a comprehensive strategy involving the athletes, coaches and LSC Diversity Chairs in their own local LSC’s and throughout the Western Zone.

**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.

**Dates: June 16 - June 19, 2016.** Athletes and coaches will arrive Thursday late afternoon/ evening and depart Sunday morning. Summit participants will arrive Friday and depart Sunday morning.

**Number of Attendees:** 2 athletes from each LSC in the Western Zone

(Each LSC may also submit up to 4 athlete alternates)

1 coach from each LSC

1 Diversity Chair from each LSC

Diversity Summit participants

If, after the deadline, there are openings available for additional swimmers, the alternates submitted by each LSC will be considered to attend the camp. LSCs will be notified by May 1 if their alternates have been accepted. Payment for alternates attending the camp must be received by May 15.

**Application Deadline: April 15, 2016.** Each LSC must submit a list of the attending athletes, athlete alternates, coach, diversity chair, and summit participants along with the camp fee of $240 per participant (excluding alternates) by the application deadline to the Western Zone Diversity and Inclusion Camp Committee at:

Western Zone Diversity and Inclusion Select Camp

Ms. Veronica Hernandez

2540 Yerba Hills Court,

San Jose, CA 95121

vhernandez@pacswim.org (Email is preferred)

Please include a copy of your selected athletes’ completed application and all contact information for the coach, diversity chair, and summit participants.

**Athlete Age:** 13 -16 years of age at the time of the camp (9-10th grades)

**Funding:** Each LSC will fund two athletes plus any alternates accepted, a coach, their diversity chair, and any diversity summit participants to the camp. Funding will need to include their transportation to and from the camp and an additional fee of $240.00 which will cover on campus rooming, all meal costs per person, and local event ground transportation including transportation to and from the airport in Salt Lake City to the camp site. Please book airplane flights responsibly and have your LSC attendees arriving and departing on the same flights whenever possible. Rooming costs are based on two person occupancy rooms. The LSC may request single occupancy rooms or the LSC coach, summit participants or diversity chair at an additional cost of $50 per night per individual. (Single room requests will be honored by date payment received – single room availability is limited.)

**Athlete Qualifications:**

**Preferred Qualifications:** Athletes must have an "A" time in one or more events in any course either as a 13-14 or as a 15-16 year old athlete. Designate the time standard achieved and age on the application.

**Secondary Qualifications:** If an LSC has no athletes apply who meet the preferred qualifications then the LSC may select athletes who have qualified in at least one individual event in their local LSC championship meet in either SCY or LC seasons.

 In the event that there are no qualifying swimmers, the LSC can elect to send two athletes (and alternates if accepted) of its choice.

**Additional Information:** If an athlete has attended a previous Western Zone Diversity and Inclusion Select Camp or a USA Swimming National Diversity Select Camp, the athlete may **not** attend this Western Zone Diversity and Inclusion Select Camp. An athlete may attend only one Western Zone Diversity and Inclusion Select Camp.

**LSC Selection Process for athletes and adults:** Each LSC will select the two athletes and alternates they wish to represent that LSC using the application attached. The LSC will then select one coach from a diverse cultural group or a coach of a diverse cultural team based on their own LSC evaluation or if there are no coaches that meet these requirements the LSC may choose any coach to attend.

**Camp Schedule:** The three day camp program will include a combination of pool training, motivational and education sessions, networking and strategic planning sessions for members of each LSC, and team building activities. The campers will also participate in a local outreach event. An athlete social activity is also planned.

**Coaches and Diversity Chairs:** The coach and Diversity Chair track will include observingan in water workout, classroom sessions with guest speakers, team building, and strategic planning sessions and goal setting with their LSC specific athletes.

**Diversity Summit Participants:** The Diversity Summit will include classroom sessions with guest speakers including staff from USA Swimming, strategic planning sessions, team building, and interaction with the camp.

**Camp Staff:** The camp staff includes head coach \_\_\_\_\_\_\_\_\_\_\_\_, and assistant coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as well as a national athlete along with the camp oversight committee.

**Application:** Available from your LSC or on the Western Zone website at [www.westernzoneswimming.org](http://www.westernzoneswimming.org)

**Questions:** Please contact Veronica Hernandez, vhernandez@pacswim.org (510) 984-1055 cell. Email is preferred.

**Western Zone Diversity and Inclusion Select Camp and Diversity Summit**

**Athlete Application**

**June 16- June 19, 2016**

**University of Utah**

**Salt Lake City, Utah**

**ATHLETE APPLICATIONS MUST BE RETURNED BY:**

*LSC: FILL IN YOUR DATE FOR SUBMISSION AND YOUR OWN LSC INFORMATION FOR SENDING THIS APPLICATION*

**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: (Father) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Mother) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 at 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 Qualifying Time Meet Where Date/Location USA Swimming**

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

 **(List SCY or LCM) Time Std Age Time Was Achieved of Meet 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_