



2018 WESTERN ZONE DIVERSITY & INCLUSION SELECT CAMP JUNE 14-17, 2018 SAN DIEGO, CALIFORNIA

Athlete's birthdays need to be between June 15, 2001-June 14, 2004

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)

Western Zone 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 (low-income), 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 understand that additional paperwork that I receive MUST be returned to the Western Zone Diversity Select Camp Committee on or before their published deadlines.
- _____ I have listed my qualifying times for the camp in Part B.
- _____ 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.
- _____ I will be an athlete mentor at future local camps as requested by my LSC D&I Committee.

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, 2017. List only one course per event. Please check the national standard for your age when the time was achieved.

<u>Event</u>	<u>Time</u>	<u>Course</u>	<u>Power Points</u>	<u>National Standard</u>			
_____	_____	_____	_____	A	AA	AAA	AAAA
_____	_____	_____	_____	A	AA	AAA	AAAA
_____	_____	_____	_____	A	AA	AAA	AAAA
_____	_____	_____	_____	A	AA	AAA	AAAA

Medical Authorization

Athlete Name: _____ **LSC:** _____

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 Western Zone 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

Parent or Legal Guardian Signature Printed Name Date

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 by March 20, 2018.

San Diego Imperial Swimming Submissions shall be emailed (preferred) to:

Krissy Payton

sba.info.krissy@aol.com

Or mailed to:

San Diego Imperial Swimming (Krissy Payton)

3511 Camino Del Rio South

Suite 405

San Diego Ca 92108



YOUTH WAIVER FORM

Name of Parent or Guardian _____

Phone _____

Emergency Contact _____

Phone _____

Name of Child _____

Name of Child _____

Name of Child _____

AS/SDSU AZTEC RECREATION ASSUMPTION OF RISK, WAIVER, AND RELEASE FROM LIABILITY

In consideration of the use of the property, facilities, services, programs, activities and events provided by THE ASSOCIATED STUDENTS, including any travel related thereto, the undersigned agrees as follows:

- RISK FACTORS.** The undersigned understands and acknowledges that the use of equipment and facilities provided by Associated Students and participation in the AS/SDSU Recreation Programs (Intramurals, Sport Clubs (extramurals), Physical Sports, Weight and Cardiovascular training, Aztec Adventures, Dance, Swimming, and any other programs and services sponsored by A.S. Campus Recreation Department) and related travel involves risk such as, but not limited to, the following which might result from the use of the equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care: **RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLY DEATH.**
- ASSUMPTION OF THE RISK.** The undersigned ASSUMES ALL RISKS WHICH ARE FORESEEABLE AND INVOLVED WITH OR ARISE OUT OF THE USE OF THE EQUIPMENT OR FACILITIES, THE ACTIVITY ITSELF, THE ACTS OF OTHERS, OR THE UNAVAILABILITY OF EMERGENCY CARE, including but not limited to, those RISK FACTORS described in Section 1 above.
- ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES.** The undersigned acknowledges reading and knowing all of the policies and procedures relating to the activities, facilities and/or equipment and understands that the safe and proper use of the facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures. (See <http://arc.sdsu.edu/membership> for more information.)
- PREREQUISITE SKILLS AND TRAINING.** The undersigned acknowledges that he or she has the requisite skills, qualifications, physical ability and training necessary to properly and safely use the equipment and facilities and to participate in the activity itself. The undersigned agrees that if he or she has any questions as to what skills, qualifications or training is necessary to properly use the equipment, facility, or participate in the activity itself, then they shall direct such questions to the appropriate Staff Member on site.

ITEMS 1-4: Initials _____

- RELEASE.** The undersigned RELEASES the State of California, the trustees of the California State Universities, San Diego State University, the Associated Students of San Diego State University and all of their officers, employees and agents and agrees NOT TO SUE them on account of or in conjunction with any claims, causes of action, injuries, damage, or cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the negligence or other fault of the parties being released.
- PROMOTIONAL PERMISSION.** The undersigned gives permission to the Associated Students to use my name, family member's name, written testimonial, written evaluation and/or photographs and video in brochures, newspapers, broadcasts, telecasts, and any other form of communication.
- WAIVER.** The undersigned waives the protection afforded by any statute or law in any jurisdiction including California Code 1542 whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know of suspect to exist at the time of executing the release. This means, in part, that the undersigned is releasing unknown future claims.

ITEMS 5-7: Initials _____

- INDEMNIFY AND DEFEND.** The undersigned agrees to INDEMNIFY AND DEFEND the State of California, the trustees of the California State Universities, San Diego State University, the Associated Students of San Diego State University and all of their officers, employees and agents (hereinafter jointly referred to as "indemnitee") against, and hold them harmless from any and all claims, causes of action, damages, judgments, cost or expenses, including attorney fees which in any way arise from the activity or this agreement and which include but are not limited to damages to or destruction of any property of the indemnitee of any others, injury or death to the undersigned or anyone else or any liability arising from the act or negligent act of the indemnitee, the undersigned or anyone else.
- PAY.** The undersigned agrees to pay for any and all damages to any property or indemnitee caused by the undersigned either negligently, willfully or otherwise.
- LEGAL FEES.** In the event of any controversy, claim or dispute between the parties arising out of or relating to this agreement or the breach hereof or the activity, the prevailing party shall be entitled to recover from the losing party reasonable expenses, attorney fees and costs.
- REPRESENTATIVES.** The undersigned enters into this agreement for him/herself, his/her heirs, assigns and legal representatives.
- EMERGENCY TREATMENT CONSENT.** The undersigned, as a participant (parent or guardian of minor) in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned (minor) is unable to consent to such treatment.

ITEMS 8-12: Initials _____

- INSURANCE.** The undersigned understands the Aztec Recreation Program does not carry participant insurance. The undersigned is encouraged to have a physical examination and purchase health insurance prior to any and all participation.
- ACKNOWLEDGMENT.** The undersigned has read and understands this agreement and realizes it relates to surrendering and releasing valuable legal rights and does so freely and voluntarily.

Signature _____ Date _____

(Parent or Guardian)

ITEMS 13-14: Initials _____

