

**Athlete Application**

**Eastern Zone Diversity Summit**

**June 25-28, 2015**

**University of Maryland, College Park, MD**

***Hosted Potomac Valley Swimming***

LSC\_\_\_VIRIGINA SWIMMING INC

LSC Application Deadline FRIDAY APRIL 24TH

Return application to (LSC Representative) PETER MALONEY

365 BELLE PLAINS ROAD

FALMOUTH VA.22405

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

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| --- | --- | --- | --- | --- | --- |
| **Athlete’s name** |  |  | **Date of birth** |  |  |
| **Street Address** |  |  | **Age** |  |  |
| **City, State, Zip** |  |  | **Male or Female** |  |  |
| **Athlete Email address** |  |  | **Phone (s)** |  |  |
| **Parent / Guardian’s Name** |  |  | **Parent / Guardian’s email** |  |  |
| **Club name** |  |  | **Coach’s Name** |  |  |
| **Coach’s Contact #** |  |  | **Coach’s Email** |  |  |

**Eastern Zone Diversity Select Camp Eligibility:**

Any swimmer who represents an 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 |  Latino |  Asian or Pacific Islander |
|  Native American |  Other\_\_\_\_\_\_\_\_\_\_\_\_ (can include an outreach athlete) | |

**READ AND INITIAL EACH ITEM BELOW. ALL MUST BE CHECKED OR APPLICATION WILL NOT BE CONSIDERED.**

\_\_\_\_\_ I will be physically ready for training

\_\_\_\_\_ I understand that I must meet the ethnicity 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 that additional camp details will be provided to me upon my acceptance.

\_\_\_\_\_ I understand that additional paperwork that I receive MUST be returned to the Eastern Zone Diversity Select Camp Oversight committee on or before their published deadline.

\_\_\_\_\_ I have listed at least three events on my application for which I have achieved the time standard for this camp.

\_\_\_\_\_ I understand that funding for this camp will come from my local LSC for transportation, room and meals provided for me at the camp.

\_\_\_\_\_ I will return this application to my local LSC Board appointee (see above) for submission by their published deadline.

1. **LSC Championship meet (Long or Short course).**

|  |  |  |  |
| --- | --- | --- | --- |
| List up to 3 events for which you qualified in your LSC Championships | List your best time in each event | List the date when you achieved this time | List the meet where you achieved this time |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **If you did not qualify for your LSC Championship meet, but still wish to apply for the camp, list your best events and best times.**

|  |  |  |  |
| --- | --- | --- | --- |
| List your best three events | List your best time in each event | List the date when you achieved this time | List the meet where you achieved this time |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **List your IMX score for the 2014-2015 season (Long or Short Course):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Find your IMX score on your *My USA Swimming* page at [www.usaswimming.org](http://www.usaswimming.org). For more information on IMX scores, see the Times/Time Standards section of the USA Swimming website.)

Athlete’s Signature Date

Coach’s Signature Date