

## 2010 Pacific Swimming Long Course All-Stars -- Selection Process General Rules

1. Pacific Swimming will select two Pacific Swimming Long Course All-Star Teams. Swimmers need to indicate which team they are applying for on the top of the application, the North American Challenge Cup (NACC) or the Western Zone (WZ) Championship Team. **Swimmers may apply to both teams.** The NACC is the faster of the two, but the 11-12s will not 50 meter events and therefore more difficult to qualify. Travel dates are the day before and the day after the meet dates.
  2. The co-pay for the WZ Team is **\$300**. The co-pay for the NACC is **\$200**.
  3. Qualifying times must be swum between March 1, 2010 and July 25, 2010.
  4. Forms may be submitted as follows:
    - a. Mailed or hand delivered to **Carlene Takaki at 1054 Villa Maria Ct., San Jose, CA 95125**. (408) 623-7530, carlenetakaki@gmail.com. They must be **received by 12:00 noon, Sunday, July 25, 2010**.
    - b. Hand delivered to the All-Star Selection Desk at the Adam Szmidt Memorial JO Championships hosted by Orinda in Moraga, CA **before finals on Sunday, July 18, 2010**.
    - c. Any questions regarding either meets should be addressed to **Karyn Kikuta( All-Star Manager) at [kkikuta@att.net](mailto:kkikuta@att.net) or (408) 705-3414**
- a **NO** late co-pays or forms will be accepted. Make check payable to **Pacific Swimming**.
5. These forms will be available on the Pacific Swimming Web site, available by email from **Carlene Takaki** (carlenetakaki@gmail.com), and available at the Adam Szmidt Memorial JO Championships.
  6. If you turn in your forms early, you do not need to update your best time. We will have access to meet results of all Pacific sanctioned meets up through July 25<sup>th</sup>. However, if you have achieved your best time at an out of Pacific swim meet this long course season, you should include a copy of the official results with your entry form (see paragraph 8 below).
  7. The burden of proof for any out of LSC meets rests with the swimmer. Submitted results must be either:
    - a. Complete official results of the meet
    - b. Times of the swimmer signed by the meet referee
  8. Selection will be made by the evening of July 26, 2010. Coaches will notify selected swimmers starting on Tuesday, July 27, 2010.
  9. Deposited co-pay for those swimmers not selected will be returned by mail within 10 days.
  10. Swimmers who have ever competed in an individual event at the USA Swimming Senior National Championships are ineligible for the 2010 Pacific Swimming All-Stars.

# **Pacific Swimming Western Zone Championship Selection Process**

## **2010 WZ Team, Aug. 9-15, 2010**

### **San Jose, CA**

- 1) A maximum of 80 swimmers plus 4 swimmers with disabilities will be selected to the team. Age groups 10/under, 11-12, 13-14, 15-16, and 17-18.
- 2) Swimmers must have a completed entry packet mailed and received or hand delivered to: **Carlene Takaki, 1054 Villa Maria Ct., San Jose, CA 95125, (408) 623-7530, carlenetakaki@gmail.com by 12 noon, Sunday, July 25, 2010** to be eligible for the team. An entry packet includes: **letter of intent, medical form, honor code, parent/coach form, co-pay of \$300**. All forms must be signed and completed by the deadline above for the swimmer to be eligible.
- 3) Except for swimmers with disabilities (see bottom of page for selection process), all eligible swimmers are ranked by time within their age group, but only in events in which they have a WZQT, excluding U.S. Open and National Championship qualifying times. Points are awarded, 1st through 6th place (30-15-5-3-2-1).  
In the event of a tie for the final place, the following tiebreakers will be used:
  - a. Points earned in the highest placed event.
  - b. Potential for the swimmer to improve Pacific's relay placing.
- 4) Eligible swimmers who earn 5 or more WZQTs will be **considered** for the team. If more than 8 swimmers per age group have 5 WZQTs, the coaching staff will select the 8 or more per age group who have the best ability to score at the meet based on compliance with #3 above. If less than 8 swimmers are placed in the age group, then the remainder of the team will be selected by #5-9 below.
- 5) Eligible swimmers with 4 WZQTs are considered according to the points earned in #3 above, regardless of age group. In the event of a tie for the final place, the tie-breaking method in # 3 will be used.
- 6) Eligible swimmers with 3 WZQTs are considered according to the points earned in #3 above, regardless of age group. In the event of a tie for the final place, the tie-breaking method in # 3 will be used.
- 7) At least 4 eligible swimmers will be selected to the team in each age group. If fewer than 4 swimmers are selected using #4 above, then the remaining swimmers up to the minimum of 4 will be selected by #5-#6.
- 8) Once 4 swimmers have been selected in each age group, each age group will be considered to verify that there is a swimmer from each stroke (fly, back, breast, sprint free, middle distance free, distance free, and IM) represented. If the age group is void in a stroke, then the top point scorer in that age group, in that stroke from #3 above will be considered for the team.
- 9) Once all swimmers who have applied have been considered, there are at least 4 swimmers per age group, and all the strokes have been considered, if the coaching staff believes that there are no other swimmers with the potential to make finals or help the team's relays, then no other swimmers will be placed on the team, even if it is less than 80 swimmers.

### **Selection Process for Swimmers with Disabilities**

- 1) Two swimmers with disabilities who are 12 and under and two swimmers with disabilities who are 13-18 will be selected based on their best long course time achieved. Points are awarded, 1st through 6th place (30-15-5-3-2-1).

**GIRLS 2010 WESTERN ZONE QUALIFYING TIMES**

Event	9-10	11-12	13-14	15-16	17-18
50 Free	33.29	29.39	28.89	28.99	29.89
100 Free	1:12.29	1:04.69	1:02.69	1:02.89	1:05.09
200 Free	2:39.09	2:20.59	2:15.09	2:15.59	2:21.19
400 Free		4:56.49	4:43.99	4:44.69	5:00.19
800 Free			9:51.69	9:53.69	10:26.09
1500 Free			18:55.69	19:01.49	20:18.79
50 Back	39.39	34.59			
100 Back	1:24.89	1:14.19	1:11.59	1:11.89	1:16.69
200 Back			2:33.29	2:34.69	2:44.79
50 Breast	44.29	38.59			
100 Breast	1:36.69	1:24.09	1:20.89	1:19.59	1:25.99
200 Breast			2:54.09	2:55.99	3:07.99
50 Fly	36.79	32.39			
100 Fly	1:25.09	1:12.49	1:09.59	1:09.89	1:13.69
200 Fly			2:35.49	2:37.09	2:51.59
200 I.M	2:58.59	2:38.79	2:33.99	2:34.99	2:40.69
400 I.M			5:25.79	5:27.39	5:52.39

**BOYS 2010 WESTERN ZONE QUALIFYING TIMES**

Event	9-10	11-12	13-14	15-16	17-18
50 Free	33.09	29.59	27.29	26.29	26.59
100 Free	1:12.79	1:04.29	58.39	57.49	58.39
200 Free	2:38.09	2:19.79	2:08.09	2:05.09	2:07.99
400 Free		4:55.59	4:31.99	4:26.79	4:35.14
800 Free			9:28.49	9:20.89	9:38.69
1500 Free			18:06.09	18:03.39	18:38.59
50 Back	39.49	34.89			
100 Back	1:25.09	1:15.09	1:08.09	1:06.19	1:09.19
200 Back			2:25.79	2:23.79	2:31.29
50 Breast	44.99	38.29			
100 Breast	1:37.89	1:24.49	1:15.99	1:14.39	1:17.39
200 Breast			2:45.39	2:43.09	2:51.09
50 Fly	36.79	32.49			
100 Fly	1:24.49	1:12.89	1:05.19	1:03.39	1:04.09
200 Fly			2:26.99	2:23.89	2:33.69
200 I.M	2:59.59	2:38.99	2:25.09	2:22.39	2:26.49
400 I.M			5:08.59	5:04.59	5:22.09

# Pacific Swimming North American Challenge Cup Selection Process

## 2010 NACC, Aug. 4-8, 2010

### Santa Clara, CA

- 1) A maximum of 80 swimmers will be selected to the team. Age groups 11-12, 13-14, 15-16, and 17-18.
- 2) Swimmers must have a completed entry packet mailed and received or hand delivered to: **Carlene Takaki, 1054 Villa Maria Ct., San Jose, CA 95125, (408) 623-7530, carlenetakaki@gmail.com by 12 noon, Sunday, July 25, 2010** to be eligible for the team. An entry packet includes: **letter of intent, medical form, honor code, parent/coach form, co-pay of \$200**. All forms must be signed and completed by the deadline above for the swimmer to be eligible.
- 3) Unlike the Western Zone Team, the North American Challenge Cup **will allow** swimmers who have competed at USAS Junior Nationals. Swimmers may have up to **two** USAS Junior National qualifying times and can still compete. Swimmers who have US Open or Senior National qualifying times are not eligible. If you have not achieved a US Open or Senior National qualifying time or competed at the US Open or Senior National Championships within 18 months of the start of the 2010 NACC, you **are** eligible.
- 4) Beginning May 1, 2010, swimmers will be ranked periodically until the deadline based on times swum from May 1, 2009 according to item (5). The top 10 during these ranking periods will be invited to apply to participate in the 2010 NACC. All swimmers who have received an NACC invitation must fill out an application and submit the co-pay to be eligible for the NACC even if they have filled out an application for the 2010 Western Zone Team.
- 5) Swimmers will be selected based on their best 2010 Pacific Swimming Long Course All-Star Consideration Times (LCCT) achieved from March 1<sup>st</sup>, 2010 thru July 25<sup>th</sup>, 2010 in all events swum. Points will be awarded as follows:
 

Scoring:	1st	2nd	3rd	4th	5th	6th	Place
	30	15	5	3	2	1	Point(s)

In the event of a tie for the final place, the following tiebreakers will be used:

  - a. Points earned in the highest placed event.
  - b. Potential for the swimmer to improve Pacific's relay placing.
- 6) Once all invited swimmers have been considered and there are at least 4 swimmers per age group, and all the strokes have been considered, if the coaching staff believes that there are no other swimmers with the potential to make finals or help the team's relays, then no other swimmers will be placed on the team, even if it is less than 80 swimmers.

<b>GIRLS 2010 PACIFIC SWIMMING LONG COURSE ALL-STAR CONSIDERATION TIMES</b>				
<b>Event</b>	<b>11-12</b>	<b>13-14</b>	<b>15-16</b>	<b>17-18</b>
50 Free	29.39	28.89	28.99	29.89
100 Free	1:04.69	1:02.69	1:02.89	1:05.09
200 Free	2:20.59	2:15.09	2:15.59	2:21.19
400 Free	4:56.49	4:43.99	4:44.69	5:00.19
800 Free		9:51.69	9:53.69	10:26.09
1500 Free				
100 Back	1:14.19	1:11.59	1:11.89	1:16.69
200 Back	2:43.69	2:33.29	2:34.69	2:44.79
100 Breast	1:24.09	1:20.89	1:19.59	1:25.99
200 Breast	3:05.19	2:54.09	2:55.99	3:07.79
100 Fly	1:12.49	1:09.59	1:09.89	1:13.69
200 Fly	2:47.39	2:35.49	2:37.09	2:51.59
200 I.M	2:38.79	2:33.99	2:34.99	2:40.69
400 I.M		5:25.79	5:27.39	5:52.39

<b>BOYS 2010 PACIFIC SWIMMING LONG COURSE ALL-STAR CONSIDERATION TIMES</b>				
<b>Event</b>	<b>11-12</b>	<b>13-14</b>	<b>15-16</b>	<b>17-18</b>
50 Free	29.59	27.29	26.29	26.59
100 Free	1:04.29	58.39	57.49	58.39
200 Free	2:19.79	2:08.09	2:05.79	2:07.99
400 Free	4:55.59	4:31.99	4:26.79	4:35.49
800 Free				
1500 Free		18:06.09	18:03.69	18:38.59
100 Back	1:15.09	1:08.09	1:06.19	1:09.19
200 Back	2:41.29	2:25.89	2:23.79	2:31.29
100 Breast	1:24.49	1:15.99	1:14.39	1:17.39
200 Breast	3:04.49	2:45.39	2:43.09	2:51.09
100 Fly	1:12.89	1:05.19	1:03.99	1:04.99
200 Fly	2:43.09	2:26.99	2:33.89	2:33.69
200 I.M	2:38.99	2:25.09	2:22.39	2:26.49
400 I.M		5:08.59	5:04.59	5:22.09

# PACIFIC SWIMMING

## Letter of Intent

### Competition:

2010 Western Zone Championships, San Jose, CA August 9-15, 2010

(Circle one or both)

2010 North American Challenge Cup, Santa Clara, CA August 4-8, 2010

This signed Letter of Intent, a signed Honor Code, a signed Parent/Coach Guidelines, a completed Medical Release Form, and co-payment of **\$300/WZ** or **\$200/NACC** must be on file with the All-Star Team Administrator: Carlene Takaki, 1054 Villa Maria Ct., San Jose, CA 95125, **by noon, Sunday, July 25, 2010.**

We request the named swimmer be considered for selection to Pacific's All-Star Team.

Swimmer's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age on 8/5/10: \_\_\_\_\_

USAS Reg. # \_\_\_\_\_ Sex: **F M** Swimmer e-mail address \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ e-mail address \_\_\_\_\_

Father's Work # (\_\_\_\_) \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Club: \_\_\_\_\_

Coach: \_\_\_\_\_ Coach's Phone #: \_\_\_\_\_

### Secondary Contact in Case of Emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

HomePhone #: (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_

### Additional Information: **CUSTOM TAB: WZ-SIZE/SIZE NACC-Jckt-size/Pants-size**

Shirt Size: YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_ AXXL \_\_\_ Short Size: YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_ AXXL \_\_\_

Lunch Choice: Ham / Turkey / Roast Beef / Vegetarian (Circle one)

Snack Choice: (EX. Teddy Grahms, Animal Crackers, Granola, Fruit, Cereal, etc.) \_\_\_\_\_

Have you competed in an individual event at: U.S. Open /Junior or Senior National Championships? **Y / N**

If so, when? \_\_\_\_\_ (Circle One)

### AGREEMENT

If selected we agree to participate, to abide by the rules and regulations of the coaching staff, team managers, Pacific's Honor Code and Parent/Coaches Guidelines, and furthermore understand and agree that failure to participate may result in our liability and obligation to reimburse Pacific for expenses incurred on behalf of the swimmer. If not selected, the copy will be returned by mail.

\_\_\_\_\_  
Signature of Swimmer

\_\_\_\_\_  
Signature of Parent/Guardian



Check here if applying as swimmer with disabilities



## PACIFIC SWIMMING ALL STAR TRIPS FAMILY AND U.S.A.S. HOME COACH PARTICIPATION GUIDELINES

Congratulations to you as a major supporter of your swimmer, who is rightfully proud and excited to be applying for a place on this years' Western Zone team. We as the team coaches and managers are looking forward to the coming competition, and are expecting a high level of cooperation and performance from all the athletes on the team. We know you share these aspirations with us.

This is an All-Star Team trip, where our first priority is to promote the best interest of the individual athlete in particular and of the team as a whole. This priority includes safety, fairness of competition for all athletes and the personal growth of each individual in contributing to the team.

You, as a parent and /or coach, have already contributed enormously to the success of your athlete. In order to help and encourage you to continue this support while your athlete is with the Western Zone team we offer you the following guidelines and ask that you sign them. If you have questions please speak to a manager or the Head Coach.

1. Please, if you can, travel to the meet as an official, timer, or spectator. Your personal presence and support is important to the team.
2. All team-housing areas are restricted to trip athletes and staff. Request for access to an athlete's area must be made in writing to the head coach.
3. During the trip family members are asked not to visit with the athletes. The athletes are on the trip to perform to the best of their ability and to become a cohesive team. Team functions are designed with this in mind. Since the schedule must remain flexible the athletes must stay in the team designated areas.
4. Arrangements for telephone calls between the athlete and family/coach should be set up ahead of time, initiated by the athlete and limited to no more than five minutes per call. If you need to get in touch with your athlete please contact a staff member to relay a message (they will be glad to help).
5. The "team area" during competition is restricted to swimmers and staff members. **Parents and home coaches may not be involved with the swimmers on the pool deck.**
7. Any concerns that may arise during the course of the competition need to be referred immediately to the appropriate staff member. They are in place to help the athletes.

I have read and understand the guidelines set for me as a parent/coach.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## Authorization to Consent to Emergency Treatment of Minor

I/we, the undersigned parent(s) of \_\_\_\_\_ USA Swimming Registration # \_\_\_\_\_, a minor, do hereby authorize Pacific swimming as agent for the undersigned to consent to any emergency, x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable, and is to be rendered under the general supervision of any licensed physician and surgeon when parent or guardian cannot be immediately contacted.

(Parent/Legal Guardian signature)

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the agent to give specific consent to any and all such emergency diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

### For Patient's Protection

Allergies and sensitivities: Is there a history of skin or other untoward reaction or sickness following injection or oral administration of:

Penicillin	yes	no
Morphine, codeine, demerol or other narcotics?	yes	no
Novocain or other anesthetics?	yes	no
Aspirin, emperin or other pain remedies?	yes	no
Sulfa drugs?	yes	no
Tetanus, antioxin or other serums?	yes	no
Adhesive tape?	yes	no
Iodine or methiolate?	yes	no

Any other drug or medication? (describe) \_\_\_\_\_

Any foods such as egg, milk, chocolate? (describe) \_\_\_\_\_

Allergy to insect bites, bee stings, other? (describe) \_\_\_\_\_

Date of last Tetanus booster? \_\_\_\_\_

Drugs Taken Recently: Within the past 6 months has swimmer taken

Cortisone?	yes	no
ACTH?	yes	no
Anticoagulants?	yes	no
Tranquilizers?	yes	no
Hypotensives (high blood pressure medicines?)	yes	no
Has swimmer ever received treatment for (if yes, circle condition)	yes	no
Asthma? Rheumatism? Rheumatic Fever?		

Other physical conditions of which we should be aware? yes    no

LIST: \_\_\_\_\_

\_\_\_\_\_

# Emergency Information

Swimmer' Name: \_\_\_\_\_

**IN CASE OF EMERGENCY, WHOM SHALL WE CONTACT:**

**NAME:** \_\_\_\_\_

**EMERGENCY CONTACT PHONE #:** (      ) \_\_\_\_\_  
Home-work-cell # (circle one)

Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Patient ID# \_\_\_\_\_

Phone # of insurance company to obtain authorization for emergency treatment (usually an 800 number):

\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Parental/Guardian Signature

**NOTE:** Please have swimmer attach their medical card or a copy of their card.

# INDIVIDUAL BEST LONG COURSE TIMES

**Note:** You only need to fill in times achieved out of LSC as we will have a record of your best time in our database if it is achieved in a Pacific sanctioned meet.

Swimmer: \_\_\_\_\_ Age Group: \_\_\_\_\_ Club: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

Record best times for all events swum by your age group.

Distance and Stroke	Time	Location	Date	Year
50 Free	_____	_____	_____	_____
100 Free	_____	_____	_____	_____
200 Free	_____	_____	_____	_____
400 Free	_____	_____	_____	_____
800 Free	_____	_____	_____	_____
1500 Free	_____	_____	_____	_____
50 Back	_____	_____	_____	_____
100 Back	_____	_____	_____	_____
200 Back	_____	_____	_____	_____
50 Breast	_____	_____	_____	_____
100 Breast	_____	_____	_____	_____
200 Breast	_____	_____	_____	_____
50 Fly	_____	_____	_____	_____
100 Fly	_____	_____	_____	_____
200 Fly	_____	_____	_____	_____
200 IM	_____	_____	_____	_____
400 IM	_____	_____	_____	_____

**Circle your favorite events.**



**PACIFIC  
SWIMMING**

If you would like your child's participation on the Pacific Swimming All-Stars Teams to be made public prior to the event, please fill out the following information:

I, \_\_\_\_\_, grant permission for Pacific Swimming to use my  
(Print Name)

minor child's name, \_\_\_\_\_, in conjunction with  
(Print Child's Name)

information about the upcoming swim meet, including the date and time of the meet. I will not hold Pacific Swimming liable for any circumstances that may occur as a result of this information being made public prior to the event.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

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