

Dear Pacific Swimming Athletes and Parents,

The Pacific Swimming Zone 1N - Zone 1S - Zone 2 - Zone 3 - Zone 4 **Zone All Star Meet** (ZAM) will be held in Santa Rosa, California, on Sunday, February 26, 2023 at Santa Rosa Junior College (SRJC).

ZAM All Star Teams will travel to Santa Rosa on Saturday, February 25th for team practice/warm-ups at SRJC on Saturday afternoon. Teams (except all 8/U athletes) will spend Saturday night in a hotel in Santa Rosa and return home after the meet on Sunday. All 8/U athletes are welcome to attend the warm-up and team dinner (no parents) on Saturday night. Parents of 8/U athletes are responsible for transporting their athlete(s) to and from any of the ZCM Team activities (Saturday warm-up, Saturday dinner, and Sunday meet).

Eligibility: The Zone 1 North Challenge team will be comprised of up to eight girls and eight boys from four age divisions (8-under, 9-10, 11-12, and 13-14). Selection for the team is based on fastest times in Zone Challenge events as of January 23, 2022. Athletes who have swum at a Western Zone Championships or the Pacific Coast All Star meet, regardless of age group at the time, are ineligible.

Selection: The Zone 1 North All Star Team will be comprised of up to 8 girls and 8 boys from four age divisions (8-under, 9-10, 11-12, and 13-14). Team selection will be based on the fastest times for the following events:

8 & Under	9-10	11-12	13-14
25 Fly	50 Fly	100 Fly	100 Fly
25 Back	50 Back	100 Back	100 Back
25 Brst	50 Brst	100 Brst	100 Brst
25 Free	50 Free	50 Free	50 Free
50 Free	100 Free	100 Free	200 Free
100 IM	100 IM	200 IM	200 IM

Location: Quinn Swim Center Kathryn Kettler Pool
1501 Mendocino Avenue
Santa Rosa, CA 95401.

Cost: The co-pay fee for this event is \$40. All forms must be received, completed, signed and with the co-pay of \$40.00 payable to Pacific Swimming Zone 1 North by the cutoff date of 1/28/2022 for the athlete to be eligible for selection.

Deadline: Completed applications must be submitted electronically. Entries must be submitted by the end of Z1N Champs on Sunday 1/29 or by 3 PM on Sunday 1/29, whichever deadline is later. Late submissions will not be considered. Please note, your submission must be accompanied by a \$40 check written to "Pacific Swimming Zone 1 North," hand delivered to the Zone 1 North Challenge desk at Zone 1 North Championships January 28 – 29, 2023.

Application: Below is an athlete application for the Zone 1 North All Star Team. Applications must include ALL of the following:

- | | |
|--|--|
| ✓ Signed Letter of Intent | ✓ Medical Release Forms |
| ✓ Pacific Swimming Code of Conduct Athletes | ✓ Copy of Medical Insurance Card |
| ✓ Pacific Swimming Family and USAS Home Coach Participation Guide | ✓ Athlete Privacy Letter |
| ✓ Pacific Swimming Travel Policy | ✓ Co-pay of \$40.00
(non-refundable if selected to the team) |

All athletes and parents must sign the Letter of Intent, Pacific Code of Conduct Athletes, Family and USAS Home Coach Participation Guide, Pacific Swimming Travel Policy, Medical Release Forms, Athlete Privacy Letter, include a **copy of the athlete's medical insurance card, and co-pay**. Siblings need separate checks. If you have any questions you may email z1n.select@gmail.com

**Zone 1 North PACIFIC SWIMMING
Letter of Intent**

This Letter of Intent must be **received** no later than the end of Z1N Champs on Sunday 1/29 or by 3 PM on Sunday 1/29, whichever deadline is later. Late submissions will not be considered.

Activity: Pacific Swimming Zone All Star Meet, Santa Rosa, CA, February 25-26, 2023

This signed Letter of Intent, Pacific Code of Conduct Athletes, Family and USAS Home Coach Participation Guide, Pacific Swimming Travel Policy, Medical Release Forms, Athlete Privacy Letter and \$40 co-pay made out to "Zone 1 North" must be on file with the Zone All Star Team Manager no later than 1/29/2023.

We request the named athlete be considered for selection to The Zone All Star Team. PLEASE PRINT CLEARLY:

Athletes Full Legal Name: _____ **Birth Date:** _____
 First Full Middle Last Month Day Year

USA Swimming Reg. #: _____ Athlete's Age on **February 26, 2023:** _____

Competition Gender: **F M** (circle one)

Family Email (**please write clearly**): _____

Parent/Legal Guardian Names: _____ Home Phone: _____

Address: _____
 Street City State Zip Code

Guardian 1's Cell Phone: _____ Guardian 2's Cell Phone: _____

Club Team (Abbreviation): _____ Coach Name: _____

Coach Email: _____ Coach Phone #: _____

Additional Information:

Sweat Shirt Size (**Circle One**): (*Youth sizes*): YS YM YL YXL and (*Adult sizes*): S M L XL XXL

Sandwich Preference (**Circle One**): Ham Turkey Vegetarian

AGREEMENT

If selected we agree to participate, to abide by the rules and regulations of the coaching staff, team managers, Pacific Code of Conduct Athletes/Coaches Guidelines, Pacific LSC Guidelines and furthermore understand and agree that failure to participate results in our liability and obligation to reimburse Pacific for expenses incurred on behalf of the athlete.

Signature of Athlete

Signature of Parent/Guardian



MODEL TRAVEL / EVENT CODE OF CONDUCT: ATHLETES

The purpose of a code of conduct for athletes is to establish a consistent expectation for athletes' behavior during camps and all-star travel. This document will be used as a template for conduct expectations during these types of events.

- I will, at all times, respect and show courtesy to my teammates, coaches, officials, volunteers, administrators, chaperones, competitors, and the public.
- I will be respectful of my teammates' feelings and personal space. I understand that participants who exhibit sexist, racist, homophobic, or otherwise inappropriate behavior will face consequences.
- I will attend all team functions, which include meetings, practices, presentations, and competition, unless I am excused by a coach or person designated in charge of the event.
- I will show respect for all facilities and other property (including locker rooms) used during this event and team activities.
- I will obey all of USA Swimming's rules.

I understand that if I violate this code of conduct, I will be subject to disciplinary action determined by my coaches and the swim club's board of directors.

Swimmer's signature

Date

Parent's signature

Date



PACIFIC SWIMMING TEAM TRAVEL TRIPS FAMILY AND USA SWIMMING HOME COACH PARTICIPATION GUIDELINES

Congratulations to you as a major supporter of your athlete, who is rightfully proud and excited to be applying for a place on this year's Zone All StarTeam. 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 a Travel 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 a 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 Zone All Star 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.

- Please, if you can, travel to the meet as an official, timer, or spectator. Your personal presence and support are important to the team.
- All team-housing areas are restricted to trip athletes and staff. Request for access to an athlete's areas must be made in writing to the head coach.
- 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.
- 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).
- The "team area" during competition is restricted to athletes and staff members. **Parents and home coaches may not be involved with the athletes on the pool deck.**
- 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.

Parent/Legal Guardian Signature _____ Date _____



Authorization to Consent to Emergency Treatment of Minor

I/we, the undersigned parent(s)/legal guardian(s) of _____ USA Swimming Registration # _____, a minor, do hereby authorize Zone All Star Team Head Coach, Team Managers and Coaching staff as agents for the undersigned to act on my behalf to consent to any emergency transport, 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 legal guardian cannot be immediately contacted. I/we grant permission to the physician and/or appropriate medical personnel to attend to my child. In addition, I/we grant permission to the physician/team staff to **release and receive** medical information pertaining to the necessary treatment of my child. This information may be transmitted via telephone, personal interview, electronic mail, postal service, fax or other form of media not listed here. 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.

Parents' Permission/ Acknowledgement of Risk for Athletic Participation

As the parent(s)/legal guardian(s) of the above-named student-athlete, I/we give consent for his/her participation in Pacific Swimming's program and athletic events. I know that the risk of injury to my child comes with participation in sports and during travel to and from meets. I/we have had the opportunity to understand the risk of injury during participation in sports through meetings, written information, or by some other means. My/our signature(s) below indicates that to the best of my/our knowledge, my/our answers to the above questions are complete and correct.

I/we give consent for the Pacific Swimming Zone All Star staff to **release** such information regarding my child's records that pertain directly to athletic participation at Pacific Swimming. I also grant permission for the PC athletic trainer to **receive** medical information from any medical practice concerning my child's athletic injury information for the continuity of care.

Parent/Legal Guardian Signature _____ Date _____

(PLEASE ATTACH A COPY OF ATHLETE'S MEDICAL CARD)

Athlete Medical History/Permission to Treat

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, antitoxin, or other serums	YES	NO
Adhesive tape	YES	NO
Iodine or methiolate	YES	NO

Any other drug or medication allergies (describe) _____

Any food allergies such as egg, milk, chocolate (describe) _____

Any special diet (describe) _____

Allergy to insect bites, bee stings, other (describe) _____

Date of last Tetanus booster? _____

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

Cortisone	YES	NO
ACTH	YES	NO
Anticoagulants	YES	NO
Tranquilizers	YES	NO
Hypotensives (high blood pressure medicines)	YES	NO

Has athlete 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: _____

May the following be given to my child for the immediate relief of pain/illness?

Pepto Bismol or similar	YES	NO	Tums or similar	YES	NO
Advil or Motrin	YES	NO	Benadryl	YES	NO
Tylenol	YES	NO	Cough Drops	YES	NO

Parent/Legal Guardian Signature _____ Date _____

Emergency Information

Athlete's Name: _____

Emergency Contact

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Medical Insurance: _____ Policy Number: _____

Patient ID# _____

Phone # of insurance company to obtain authorization for emergency treatment: _____

Parent/Legal Guardian Signature _____ Date _____

Athlete Privacy Letter

Please fill out the following information regarding your consent for your child's participation on the Zone All Star Teams to be made public prior to the event

I, _____, (please circle one) have indicated below, the privacy permissions I
(Print Parent/ Legal Guardian Name)

expect Pacific Swimming to observe regarding my minor child, _____, in
(Print Child's Name)

conjunction with information about the upcoming swim meet, including the date and time of the meet.

Circle your choice regarding your child's privacy

I GRANT/DO NOT GRANT permissions to use my child's name on any team publications (digital or print)

I GRANT/DO NOT GRANT permission to use my child's image on any team publications (digital or print)

If I do grant permission, 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/Legal Guardian Signature _____ Date _____