Application for Western Zones

August 7-10, 2019 in Gresham, Oregon (Age groups 10/U - 14 year olds)

Application must be submitted by 3 p.m. Saturday, June 1, 2019

NOTE: Times achieved at meets through June 2nd, 2019 will be considered when making team selections.

Application forms are available on the ***Pacific Swimming website*** and at the ***Short Course Far Western Championship in Santa Clara – at the All-Star Desk (Saturday & Sunday during prelims only).***

Meet takes place August 7-10th, 2019; team will leave on August 6th and return on August 11th.
Selections for the Western Zones All Star team will be made by mid-June. Athlete notifications will be completed during the selection meeting or shortly thereafter. Notifications of selected swimmers will be by phone and via e-mail. Regrets will be notified via email.

A total of 12 athletes in each of the age groups (10/U girls, 10/U boys, 11-12 girls, 11-12 boys, 13-14 girls, and 13-14 boys) will be selected. Please be aware that 12/U athletes may not wear tech suits at Western Zones 2019, since Oregon's LSC bans the use of tech suits for 12/U athletes.

A co-pay check of **$700** is due with the application unless you are paying with a credit card (see details on page 4). Co-pays will not be cashed/charged until after team selections. Co-pay checks for athletes not selected will be returned within 10 business days after team selections.

Co-pays for selected athletes are non-refundable. **If an athlete must withdraw from the meet due to illness, a signed doctor's note must be provided in order to be refunded.**

Submitting Applications:

- Applications can be hand delivered or mailed (must be labeled: NO SIGNATURE REQUIRED) to **Pacific Swimming's Travel Coordinator: Jeanette Soe, 1267 Chrismara Ct, San Jose, CA 95120.** Applications must be **received (not postmarked) by 3:00 pm, Saturday, June 1, 2019.**

OR

- Applications can be hand delivered to the All-Star Selection Desk (Saturday and Sunday during prelims ONLY) at the Short Course Far Western Championships in Santa Clara before **the conclusion of prelims: on Saturday, April 6, 2019 or on Sunday, April 7, 2019.**

Submitted application must include:

a. **Letter of Intent**
b. **Pacific Swimming Honor Code**
c. **Pacific Swimming Family and USAS Home Coach Participation Guide**
d. **Medical Release Forms**
e. **Copy of medical insurance card**
f. **Pacific LSC Travel Policy**
g. **Athlete Privacy Letter**
h. **Co-payment of $700, check OR credit card info. If paying by check make it out to "*Pacific Swimming*", if paying by credit card, see info on page 4.**

Best times achieved out of our LSC will not need to be submitted as they are in the SWIMMS database. For best times achieved outside of the USA, please contact Travel Coordinator, Jeanette Soe, for further instructions on how to prove the achieved times.

All forms must be completed and signed by the deadline for the swimmer to be eligible for selection.
For questions regarding applications, please e-mail Jeanette Soe at travel@pacswim.org or call (408) 769-0565.

NO late co-pays or forms will be accepted. Checks payable to **Pacific Swimming**.

Selection Process

Western Zones

1) A maximum of 72 athletes will be selected to compete at Western Zones, August 7-10, 2019 in Gresham, OR. Age groups are 10/under, 11-12, and 13-14 (**up to 12 swimmers per age group and gender**).

2) Qualifying times must be swum between August 12, 2018 – June 2, 2019. **Selections are based on athlete's best SCY times**

3) Athletes who have competed in more than one (1) individual event at **any** USA Swimming U.S Open, Junior Nationals, or Senior National Championships **are ineligible** for the 2019 Pacific Swimming Western Zones All-Star Team. Please see specific meet rules for other meet requirements.

4) Eligible athletes who earn 5 or more WZQTs will be **considered** for the team. If more than 12 athletes per age group have 5 WZQTs, the coaching staff will select the 12 or more per age group who have the best ability to score at the meet based on prior meet top 10 times. If less than 12 athletes are placed in the age group, then the remainder of the team will be selected by #5-9 below.

5) Eligible athletes with 4 WZQTs are considered, regardless of age group. In the event of a tie for the final place, the tie-breaking method in the previous paragraph will be used.

6) Eligible athletes with 3 WZQTs are considered, regardless of age group. In the event of a tie for the final place, the tie-breaking method stated above will be used.

7) At least 4 eligible athletes will be selected to the team in each age group. If fewer than 4 athletes are selected, then the remaining athletes up to the minimum of 4 will be selected.

8) Once 4 athletes have been selected in each age group, each age group will be considered to verify that there is an athlete 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 athletes in that age group, in that stroke from #3 above will be considered for the team.

9) Once all athletes who have applied have been considered, there are at least 4 athletes per age group, and all the strokes have been considered, if the coaching staff believes that there are no other athletes with the potential to make finals or help the team's relays, then no other athletes will be placed on the team, even if it is less than 72 athletes.

2019 WESTERN ZONE AGE GROUP TIME STANDARDS

WOMEN			10 & U	MEN		
LCM	SCM	SCY	EVENT	LCM	SCM	SCY
0:32.79	0:31.99	0:28.89	50 Free	0:32.79	0:31.99	0:28.79
1:11.99	1:10.39	1:03.39	100 Free	1:11.69	1:10.09	1:03.09
2:36.99	2:33.79	2:18.59	200 Free	2:36.29	2:33.09	2:17.89
0:38.69	0:38.09	0:34.29	50 Back	0:38.89	0:38.29	0:34.49
1:23.49	1:22.29	1:14.09	100 Back	1:23.99	1:22.79	1:14.59
0:43.59	0:42.59	0:38.39	50 Breast	0:44.19	0:43.19	0:38.89
1:35.09	1:33.09	1:23.79	100 Breast	1:36.19	1:34.19	1:24.89
0:35.89	0:35.19	0:31.69	50 Fly	0:36.19	0:35.49	0:31.99
1:22.79	1:21.39	1:13.29	100 Fly	1:22.59	1:21.19	1:13.09
2:56.89	2:53.69	2:36.49	200 IM	2:57.59	2:54.39	2:37.09

WOMEN			11 & 12	MEN		
LCM	SCM	SCY	EVENT	LCM	SCM	SCY
0:29.39	0:28.59	0:25.69	50 Free	0:29.39	0:28.59	0:25.69
1:04.69	1:03.09	0:56.79	100 Free	1:03.99	1:02.39	0:56.19
2:19.99	2:16:79	2:03:29	200 Free	2:19:09	2:15.89	2:02:39
4:54.99	4:48.59	5:30.59	400/500 Free	4:54.09	4:47.69	5:29.49
0:34.29	0:33.69	0:30.29	50 Back	0:34.49	0:33.89	0:30.49
1:13.59	1:12.39	1:05.19	100 Back	1:13.69	1:12.49	1:05.29
2:42.09	2:39.69	2:23.89	200 Back	2:40.39	2:37.99	2:22.39
0:38.29	0:37.29	0:33.59	50 Breast	0:37.89	0:36.89	0:33.29
1:23.69	1:21.69	1:13.59	100 Breast	1:23.29	1:21.29	1:13.19
3:03.29	2:59.29	2:41.59	200 Breast	3:02.19	2:58.19	2:40.49
0:32.09	0:31.39	0:28.29	50 Fly	0:31.89	0:31.19	0:28.19
1:11.59	1:10.19	1:03.19	100 Fly	1:11.39	1:09.99	1:03.09
2:45.89	2:43.09	2:26.89	200 Fly	2:45.39	2:42.59	2:26.49
2:38.19	2:34.99	2:19.69	200 IM	2:37.09	2:33.99	2:18.69
5:45.49	5:39.09	5:05.49	400 IM	5:39.99	5:33.59	5:00.59

WOMEN			13 & 14	MEN		
LCM	SCM	SCY	EVENT	LCM	SCM	SCY
0:28.69	0:27.89	0:25.09	50 Free	0:26.79	0:25.99	0:23.39
1:02.09	1:00.49	0:54.49	100 Free	0:58.19	0:56.59	0:50.99
2:14.49	2:11.29	1:58.29	200 Free	2:06.59	2:03.39	1:51.09
4:41.79	4:35.39	5:15.69	400/500 Free	4:30.19	4:23.79	5:02.69
9:50.29	9:37.49	11:01.39	800/1000Free	9:29.39	9:16.59	10:37.99
18:53.19	18:29.19	18:30.99	1500/1650 Free	18:09.39	17:45.39	17:47.99
1:10.39	1:09.19	1:02.39	100 Back	1:06.79	1:05.59	0:59.09
2:31.19	2:28.79	2:14.09	200 Back	2:23.89	2:21.49	2:07.49
1:20.29	1:18.29	1:10.49	100 Breast	1:14.89	1:12.89	1:05.69
2:53.29	2:49.29	2:32.49	200 Breast	2:43.19	2:39.19	2:23.39
1:08.59	1:07.19	1:00.49	100 Fly	1:03.99	1:02.59	0:56.39
2:33.69	2:30.89	2:15.89	200 Fly	2:24.39	2:21.59	2:07.49
2:32.29	2:29.09	2:14.29	200 IM	2:22.99	2:19.79	2:05.99
5:23.59	5:17.19	4:45.79	400 IM	5:05.79	4:59.39	4:29.69

Athletes who wish to apply for the team should have at least 1 of the time standards listed above in order to be **considered** for the Western Zone team.

PACIFIC SWIMMING Letter of Intent

Western Zones in Gresham, OR August 6-11, 2019

This signed Letter of Intent, a signed Honor Code, a signed Parent/Coach Guidelines, completed Medical Release Forms, a signed Pacific LSC Travel Policy, Athlete Privacy letter, and a co-pay of **$700** must be on file with: Jeanette Soe **by 3:00 pm, Saturday, June 1, 2019.**

Athlete's Legal Name: _____ Birth Date: _____
Legal First Last (MM/DD/YYYY)

USA Swimming Reg. #: _____ Sex: **F M (**circle one)

Athlete's Age on **August 7, 2019:**_____ Family Email Address **(please write clearly)**:_____

Parent/Legal Guardian Names:_____ Home Phone:_____

Address:_____
Street City State Zip Code

Father's Cell Phone:_____ Father's Work Phone:_____
Mother's Cell Phone:_____ Mother's Work Phone:_____
Athlete's Cell:_____

Club Team (Abbreviation):_____ Coach Name:_____ Coach Email: _____ Coach Phone #:_____

Additional Information:

T-Shirt Size **(Circle One)**: YL YXL AS AM AL XL Shorts Size **(Circle One)**: YL AS AM AL XL

Did you receive a Pacific Swimming Backpack in 2018? YES NO
(Circle one – For repeat athletes, backpacks are only handed out every 2 years)

Jacket, **WOMEN** sizes **(Circle One)**: XS AS AM AL XL 2XL

Jacket, **MEN** sizes **(Circle One)**: YS YL AS AM AL XL 2XL 3XL

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

Have you ever competed in more than one (1) individual event at a: U.S. Open, Junior, or Senior National Championships?
Y / N (Circle One) If YES, when? _____ (If you answered yes, you are not eligible for the WZ team)

If you want to submit the **$700** copy via a credit card, please mark this box: ☐ **YES** – I will use my credit card as copay. Please READ this information about paying via credit card:

***NOTE**. Due to difficulties Pacific Swimming has had in the past processing credit card copays, we have switched to a new more secure way for you to pay with your credit card. If your athlete is selected to the team, then you will receive an email coming from "PACIFIC SWIMMING" and it will say: "You have received and invoice from Pacific Swimming". Please click on the link to submit your All Star copay of $700. To confirm and secure your athletes place on the 2019 Western Zone All Star team, you must submit your payment via this link by no later than 48 hours after team selection notifications.*

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, Pacific LSC 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 athlete. If not selected, the co-pay (check) will be returned by mail by June 30th, 2019.

_____ _____
Signature of Athlete Signature of Parent/Legal Guardian

PACIFIC SWIMMING
ATHLETE HONOR CODE

This Honor Code and any additional guidelines regarding conduct will be reviewed by the Head Coach at the first team meeting.

Upon notification of any violation of the Honor Code, a review committee (consisting of the Age Group Chair or his delegate, the Head Coach, the Age Group Coach(es) of the individual(s) involved, a female athlete, a male athlete, and a non-coach member) shall promptly investigate the circumstances of the violation, notify the individual(s) charged of a time for hearing, and shall conduct an informal hearing on the evidence. This review committee shall then promptly determine what disciplinary action, if any, shall be taken. Code of Conduct violations will be immediately referred to the Zone Board of Review. All other violations and disciplinary actions will be reported to the Pacific Swimming Administrative Review Board.

I, _____, as a member of Pacific Swimming understand and will comply with the following as
(Athlete) approved by the Pacific Swimming Board of Directors:

1. The possession or use of alcohol, tobacco products or controlled substances is prohibited throughout the designated duration of the trip.

2. Curfews will be established and adhered to during the trip.

3. Attendance is required at all team functions which include, but are not limited to, meetings, practices, exhibitions, press conferences, and competitions unless otherwise excused or instructed by the head coach, or designated person in charge of the team.

4. The hallway door will be left fully open (so the interior of the room can be viewed from the hallway) when any athletes other than those assigned to occupy the room are in the room.

5. Uniform requirements established for the trip will be followed.

6. Proper respect, sportsmanship and courtesy towards coaches, officials, administrators, competitors, and the public, will be displayed.

7. The manner in which one behaves will present a positive image of Pacific Swimming and will provide an atmosphere to meet the competitive performance objectives.

8. Additional guidelines may be established as needed to ensure the safety and well-being of the team members and will be adhered to during the trip.

****

I understand that failure to comply with the Pacific Swimming Honor Code as set forth in this document or additions necessary for the safety and well-being of the team members may result in disciplinary action which may include but is not limited to the following:

1. Disqualification from one or more swimming activities.

2. Dismissal from team and return home at my own expense.

3. The infraction(s) will be reported to the Pacific Swimming Administrative Review Board who may take additional disciplinary action including but not limited to disqualification from future Pacific Swimming sponsored activities.

I may appeal any disciplinary action in accordance with USA Swimming Rules and Regulations Part Four and Pacific Swimming Bylaws Article 10.

_____	_____	_____
(Printed Name of Athlete)	(Signature)	(Date)
_____	_____	_____
(Printed Name of Parent or Legal Guardian)	(Signature)	(Date)

Competition: Western Zones **Location: Gresham, Oregon** **Date: August 6-11, 2019**

PACIFIC SWIMMING ALL STAR TRIPS
FAMILY AND U.S.A.S. 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 Pacific Swimming All Star 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 Pacific Swimming 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.

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 athletes 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.

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 Pacific Swimming 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/All-Star 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. **This permission will be in effect from August 6-11, 2019.**

_____

(Parent/Legal Guardian Signature) (Date)

Parents' Permission/ Acknowledgement of Risk for Athletic Participation

As the parent(s)/legal guardian(s) of the above named 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 below questions are complete and correct.

I/we give consent for the Pacific Swimming 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)

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 Medical History/Permission to Treat

Allergies and Sensitivities

Is there a history of any 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 drugs or medications? (Describe) _____

Any foods such as gluten, eggs, 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 swimmer taken:

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

Has athlete ever received treatment for:

Asthma	YES	NO
Rheumatism	YES	NO
Rheumatic Fever	YES	NO

Other physical conditions of which we should be aware of? (Circle One) YES NO

List Conditions: _____

_____

_____

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

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

_____

(Parent/Legal Guardian Signature) (Date)

*****Attach copy of medical insurance card *****

Pacific LSC Travel Policy

Athletes and their parents/legal guardians must read, agree to, and sign the following before traveling:

- Travel Policy (this document)
- Code of Conduct
- Medical consent and release
- Liability release, waiver, or permission to participate

Chaperones and coaches must also sign a travel policy.

By signing this travel policy, participants agree to the following rules and policies:

1) When only one athlete and one coach travel to a competition, the athlete must have written permission from his or her parents/legal guardian in advance to travel alone with the coach. The coach must bring the signed form on the travel trip. (USA swimming, rule 305.5.3)
2) Athletes, parents, coaches, and other adults traveling with a club must sign that club's travel policies. (Required by the USA swimming rulebook, rule 305.5.4)
3) In the event of any violations of the travel code, Code of Conduct (article 304), or USA Swimming Athlete Protection Policies (article 305) , the chaperone or head coach shall make a written report of all violations to the appropriate club, (LSC) leadership and the parent or legal guardian of any affected minor athlete.
4) The possession, use, or sale/distribution of any illegal substance or any form of weapon is forbidden. The sale or distribution of controlled substances to others is also forbidden.

Chaperones

5) A chaperone (also called team manager) is an adult (21 years of age or older) who is not also a coach.
6) Chaperones must be members of USA Swimming and have successfully passed a USA Swimming-administered criminal background check. (USA Swimming. Rule 305.5.2)
7) The use of alcoholic beverages by chaperones is prohibited.
8) Chaperones are required to report any violation of the rules. Chaperones cannot use discretion in deciding when to report violations.

Two-Deep Leadership

Two-deep leadership is an athlete safety procedure specifying that every activity involving youth must have at least two adults (coaches and/or chaperones) present.

9) When doing room checks, attending team meetings and/or other activities, coaches and chaperones must maintain two-deep leadership.
10) When only one athlete and one coach travel to a competition, the coach and athlete should attempt to establish a "buddy" on another team to facilitate two-deep leadership.

Code of Conduct / Honor Code

11) Athletes and chaperones will display proper respect and sportsmanship toward coaches, officials, administrators, teammates, fellow competitors and the public at all times.
12) The possession or use of alcohol or tobacco products by any athlete is prohibited.
13) Athletes are to refrain from inappropriate physical contact at team activities and events.
14) Athletes are to refrain from use of inappropriate language.
15) Athletes' bags and belongings are subject to inspection by chaperones at any time.

Conduct within Hotels

16) Regardless of gender, a coach shall not share a hotel room or other sleeping arrangement with an athlete (unless the coach is the parent, guardian, sibling, or spouse of that particular athlete). (Required by USA swimming rule 305.5.1.)
17) During overnight travel, if athletes are paired with other athletes they shall be of the same gender and should be a similar age.
18) For overnight travel, chaperones shall stay in nearby rooms.

19) Curfews shall be established for each day of the trip. There should be one curfew for athletes to be in their assigned rooms and another for lights-out and quiet. Any athlete who is out of his or her room after the room curfew without permission from the chaperone must be reported as in violation of the travel policies.
20) Athletes who entertain guests of opposite gender in a hotel room must have explicit permission from a chaperone. When any group (including athletes not staying in that room) gathers in a room, the door shall remain open and the chaperone's permission is required.
21) Athletes should not go into the halls or lobby unless they are dressed appropriately.
22) Athletes shall not incur any incidental room charges (room service, movies, internet access) without first obtaining the permission of the assigned chaperone.
23) Any damages, excessive mess, or loss incurred at a hotel will be the expense of the athletes assigned to that room and further disciplinary action will be taken. No loud or boisterous behavior will be tolerated in the hallways or public areas.

Transportation and Public Places

24) Athletes are expected to remain with the team at all times during the trip. Athletes are not to leave the competition venue, the hotel, a restaurant, or any other place at which the team has gathered without the permission/knowledge of the coach and chaperone.
25) When visiting public places such as shopping malls or movie theatres, athletes must remain in groups, of size specified by the chaperone. Athletes 12 and under must be accompanied by a chaperone.
26) Athletes should not ride in a coach's vehicle without another adult present who is the same gender as the athlete, unless prior parental permission is obtained.

Disciplinary Action

Failure to comply with the policies as set forth in this document must result in disciplinary action. Such discipline may include, but may not be limited to:

- Dismissal from the trip and immediate return home at the athlete's expense
- Disqualification from one or more events
- Suspension from future team travel meets
- Financial penalties
- Dismissal from the team
- Code of Conduct violations will be immediately referred to the Zone Board of Review. Other violations will be sent to the Pacific Swimming's Administrative Review Board

Athlete Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Athlete Privacy Letter

Please fill out the following information regarding your consent for your child's participation on the Pacific Swimming All-Star Team to be made public prior to the event

I, _____, **GRANT or DO NOT GRANT (please circle one)** permission for Pacific
(Print Parent/Legal Guardian Name)

Swimming to use my minor child's name, _____, in conjunction with
(Print Athlete's Name)

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