

# PACIFIC SWIMMING Letter of Intent

## Adam Szimdt Memorial 10 and Under Short Course Championship Camp

@ Independence High School, San Jose, California on **April 21<sup>st</sup>, 2018**

This signed Letter of Intent, a signed Honor Code, a completed Medical Release Form, USA Swimming application, and the co-payment of **\$15.00** must be handed in to the 10 and Under Camp desk by the end of the last individual swim on Saturday, February 3rd, 2018, or mailed to the Camp Chair: Brian Potts, 132 West Alvin #C, Salinas, CA 93906 postmarked no later than February 5, 2018.

*Applications will be accepted at the 10 and Under Short Course Championship, February 3rd, 2018, in Sunnyvale for the Adam Szimdt Memorial 10 and Under Championship Camp. In order to apply, athletes must be ten years old or younger on the day of the camp, and must have competed in this year's 10 and Under Short Course Championship Meet. The athlete must have competed in at least one individual event at the 10 and Under Short Course Championship to qualify for this camp. Notifications of selected and rejected applicants will go out as soon as February 26th. Once an applicant has been selected for the camp, his/her co-payment becomes non-refundable.*

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

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

Athlete's Age on **April 21st, 2018**: \_\_\_\_\_

Family Email Address (**please write clearly**): \_\_\_\_\_

Parent/Legal Guardian Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Guardian 1's Cell Phone: \_\_\_\_\_ Guardian 1's Work Phone: \_\_\_\_\_

Guardian 2's Cell Phone: \_\_\_\_\_ Guardian 2's Work Phone: \_\_\_\_\_

Athlete's Cell: \_\_\_\_\_ Club Team (Abbreviation): \_\_\_\_\_ Zone: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Coach Email: \_\_\_\_\_

Coach Phone #: \_\_\_\_\_

### **Additional Information:**

T-Shirt (**Circle One**): YS YM YL AS AM

### **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 February 19, 2018.

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

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

\_\_\_\_\_  
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 10 and Under Championship Camp 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/Camp 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 start to finish of the Adam Szmidt Memorial 10 and Under Championship Camp, April 21<sup>st</sup> 2018.**

\_\_\_\_\_  
(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 Adam Szmidt Memorial 10 and Under Championship Camp 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)

**NOTE: If selected, please have your athlete bring their medical card or a copy of their card to the camp.**

**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 approved by the Pacific Swimming Board of Directors:  
(Athlete)

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/Staff Member)

\_\_\_\_\_  
(Signature)

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

**Competition/Location: Pacific Swimming Short 10 and Under Short Course Championship Meet, Sunnyvale, CA**  
**Camp/Location: West Coast Aquatics @ Independence High School, San Jose, CA**

**February 3<sup>rd</sup>, 2018**  
**April 21<sup>st</sup>, 2018**

# 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 in a Pacific Swimming Camp 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 information about the  
(Print Child's Name)

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: \_\_\_\_\_