



PACIFIC  
SWIMMING

October 25, 2011

Dear Pacific Swimming Athletes, Parents, and Coaches:

The Zone 1N, Zone 1S, Zone 2, Zone 3, and Zone 4 **All Star Developmental Meet** is being held in Novato, California on Sunday, March 4<sup>th</sup>, 2011 at Indian Valley College. The All Star Teams will travel to Novato on Saturday, March 3<sup>rd</sup> and will be able to warm-up at the IVC pool. The teams will all spend the night on Saturday and return home after the meet.

The All Star team will be comprised of eight girls and eight boys each from four age divisions (8- under, 9-10, 11-12, and 13-14). Selection for the team is based on the criteria of fastest times.

Completed applications must be mailed to:

**Zone 3 All Stars, c/o Sarah Paoli, 34 Dunlin Court, San Rafael, CA 94903**

or HAND DELIVERED TO SARAH AT –IVC pool 1800 Ignacio Blvd, between the hours of 4:00-5:30 pm, Monday-Friday

Application includes:

- a. **Letter of Intent**
- b. **Pacific Swimming Honor Code**
- c. **Pacific Swimming Family and USAS Home Coach Participation Guide**
- d. **Pacific LSC Travel Guide**
- e. **Athlete Privacy Letter**
- f. **Medical Release Forms**
- g. **copy of medical insurance card**
- h. **non-refundable co-pay of \$50 made out to “Pacific Swimming”**

All forms must be completed and signed with the **\$50 non-refundable co-pay** by the by the cutoff date of **January 25, 2012** for the swimmer to be eligible for selection. Times entered must be from recent meets and will be verified.

All swimmers and parents are required to sign the Letter of Intent, Pacific Swimming Honor Code, Family and USAS Home Coach Participation Guide, LSC Travel Guide, Athlete Privacy letter and Medical Release forms, in addition to supplying a copy of the athlete’s medical insurance card. **A non-refundable \$50.00 co-pay** is required for each swimmer. Siblings need a separate check. If you have any questions you may email [coachsarah.paoli@gmail.com](mailto:coachsarah.paoli@gmail.com)

**Swimmers who have swum and participated at Western Zones, North American Challenge cup or the Pacific Coast All Star meet, regardless of age group are ineligible.**

Sincerely,

Sarah Paoli  
All Star Coordinator  
Zone III All Stars

The Letter of Intent must be **received** no later than Wednesday, January 25, 2012 to be considered for selection.

## ***ZONE 3 SWIMMING***

### **Letter of Intent**

Activity: Zone All Star Development Meet, at Indian Valley College, Novato

Date: March 3-4, 2012

**This signed Letter of Intent, a signed Honor Code, signed Parent/Coach Guidelines, Pacific LSC Travel Policy, Athlete Privacy letter, a completed Medical Release Form and the non-refundable co-payment of \$50.00 must be on file with the All Star Coordinator no later than January 25, 2012.**

We request the named swimmer be considered for selection to The Zone All-Star Team.

Swimmer's Legal  
Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

USAS Reg. # \_\_\_\_\_

Sex: **F M**

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

e-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Work \_\_\_\_\_

Cell \_\_\_\_\_

Mother's Work \_\_\_\_\_

Cell \_\_\_\_\_

Club \_\_\_\_\_

Coach \_\_\_\_\_

Coach's e-mail \_\_\_\_\_

Coach's phone \_\_\_\_\_

### **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 swimmer.

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

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



**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 year's Zone 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, 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 is important to the team.
- 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/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.

## 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 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.

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(Parent/Legal Guardian signature)

(Date)



## Emergency Information

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

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

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**EMERGENCY CONTACT**

HOME PHONE #: ( ) \_\_\_\_\_ WORK #: ( ) \_\_\_\_\_ CELL#: ( ) \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

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(Parent/Legal Guardian signature)

(Date)

**NOTE: Please attach a copy of the swimmer's medical card.**



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## Athlete Privacy Letter

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

I, \_\_\_\_\_, **(please circle one) GRANT/DO NOT GRANT** permission  
(Print Parent/ Legal Guardian Name)  
for Pacific Swimming to use my minor child's name, \_\_\_\_\_, in  
(Print Child's Name)  
conjunction with 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.

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(Parent/Legal Guardian signature)

(Date)