



ZONE 1 South

February 2, 2020

Dear Pacific Swimming Athletes and Parents

The Pacific Swimming Zone 1N - Zone 1S - Zone 2 - Zone 3 - Zone 4 **All Star Meet (ZAM)** is being held in Santa Clara, California, on Sunday, March 1st, 2020 at Santa Clara International Swim Center (SCSC). The All Star Teams will travel to Santa Clara on Saturday, February 29th and will warm-up at SCSC on Saturday afternoon. The teams (except all 8/U athletes) will spend Saturday night in a hotel in Santa Clara 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 All Star activities (Saturday warm-up, Saturday dinner, and Sunday meet).

The **Zone 1S All Star 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 All Star events as of February 2nd, 2020. **Zone-1 South minimum eligibility is any three 2019 or 2020 USA Swimming Motivational "A" times for your age on February 2nd, 2020**

Completed applications must be postmarked by **February 2nd** and mailed to:

Zone 1 South All Stars

Tony Daly,

2625 Patricia Dr.

Santa Clara CA, 95051

OR applications may be **HAND DELIVERED TO ZONE ALL-STAR DESK** at The Brian Malick Memorial Championship. **Hand-delivered applications must be received by 3:00 pm on Sunday at one of the above meets.**

Application must include ALL of the following:

- a. **Letter of Intent**
- b. **Pacific Swimming Honor Code**
- c. **Pacific Swimming Family and USAS Home Coach Participation Guide**
- d. **Pacific Swimming Travel Policy**
- e. **Medical Release Forms**
- f. **Copy of Medical Insurance Card**
- g. **Athlete Privacy Letter**
- h. **Co-pay of \$75.00 (8/UN athletes are free) payable to "Zone 1 South" (non-refundable if selected to the team).**

All forms must be received, completed, signed and with the co-pay of **\$75.00 (8/UN free)** payable to **Zone 1 South** by the cutoff date of **2/2/2020** for the athlete to be eligible for selection.

All athletes and parents must sign the Letter of Intent, Pacific Swimming Honor Code, Family and USAS Home Coach Participation Guide, Pacific's 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 tdaly@santaclaraswimclub.org

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.

PACIFIC SWIMMING ALL STAR 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 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 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 is 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 _____



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

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
- Disqualification from future team travel meets
- Financial penalties
- Dismissal from the team
- Proceedings for a Western Zone, USA Swimming National Board of Review, and/or LSC Administration Review Board

Athlete Signature: _____

Date: _____

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.

(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-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.

(Parent/Legal Guardian signature)

(Date)

