

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 Morgan Hill, California, on Sunday, April 26, 2026 at the Dennis Kennedy Morgan Hill Aquatics Center, 16200 Condit Road, Morgan Hill.

ZAM All Star Teams will meet in Morgan Hill, California on Saturday, April 25 for team practice/warm-ups at the Dennis Kennedy Morgan Hill Aquatics Center pool on Saturday afternoon. The parents of all Zone 1 South and Zone 1 North athletes are responsible for transporting their athlete to the Dennis Kennedy Morgan Hill Aquatics Center pool on Saturday, and picking up the athletes at the conclusion of the meet on Sunday. Teams (except all 8/U athletes) will spend Saturday night in a hotel in San Jose, California, 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 ZAM Team activities (Saturday warm-up, Saturday dinner, and Sunday meet).

Eligibility: Applicants need to have a minimum of 3 "B" times from the 2025 - 2028 USA Swimming National Age Group Motivational Times for their age-group and competition gender as of March 8, 2026. **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 Zone1 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 Breast	50 Breast	100 Breast	100 Breast
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: Dennis Kennedy Morgan Hill Aquatics Center
16200 Condit Road
Morgan Hill, California

Cost: The co-pay fee for this event is \$110. **Payments may only be made by a check payable to Zone 1 North. The check can either be turned in to the Zone All Star Meet coaches at either the DACA, PASA and BAC meets on 03/07 & 03/08 or be mailed to (must be postmarked by Friday, March 13, 2026):**

Zone 1 North
PO Box A
Sunnyvale, CA 94087

Deadline: Completed applications must be submitted by 9:00 PM on Friday, March 13th, 2026

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

- | | |
|---|--|
| <ul style="list-style-type: none"> ✓ Signed Letter of Intent ✓ Pacific Swimming Code of Conduct Athletes ✓ Pacific Swimming Family and USAS Home Coach Participation Guide ✓ Pacific Swimming Travel Policy | <ul style="list-style-type: none"> ✓ Medical Release Forms ✓ Copy of Medical Insurance Card ✓ Athlete Privacy Letter ✓ Co-pay of \$110 (payable to "Zone 1 North") <ul style="list-style-type: none"> • (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.** Please direct questions to coachkylie@sunn.org



CODE OF CONDUCT: ATHLETES

The purpose of a code of conduct for athletes is to establish common expectations for all members of the travel team. It is to be used as a guide to promote a positive team environment and good sportsmanship. By signing this code of conduct, I agree to the following statements:

- I shall adhere to USA Swimming's Rules and Regulations, MAAPP, and Code of Conduct Article 304.
- I shall represent Pacific Swimming in a positive manner and exhibit good sportsmanship.
- I shall attend team functions which include, but are not limited to, meetings, practices, meals, presentations and competition, unless otherwise excused or instructed by a coach or designated person in charge of the event.
- I shall not exhibit sexist, racist, homophobic, or otherwise inappropriate behavior.
- I shall treat coaches, officials, athletes, and spectators with respect.
- I shall remain with the team and/or staff unless authorized by the Head Coach or Manager.
- I shall not consume or possess alcohol or controlled substances for the duration of the event.
- I consent that my personal items, including luggage, may be subject to inspection.
- I agree that any incidental room charges shall be at my own expense.
- I agree that any damages and/or losses incurred shall be at my own expense.

I will obey all of USA swimming's rules and code of conduct. I understand that if I violate this code of conduct, I will be subject to disciplinary action determined by my coaches and Pacific Swimming's board of directors.

Signature of Athlete

Date

Signature of Parent/Guardian

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 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 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

Does your athlete carry either of the following:

Prescription/rescue inhaler:	YES	NO
Epi-pen (epinephrine autoinjector):	YES	NO

Parent/Legal Guardian Signature _____ Date _____

NOTE: it is the parents' responsibility to contact the Team Manager directly ASAP regarding any specific medical or dietary requirements your athlete will have during the trip.

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 _____