

# ZAM!

## ZONE ALL-STAR MEET MARCH 6, 2005

Dear Zone 4 Swimmer,

Each year Pacific Swimming hosts an All-Star/Developmental meet between the five Zones in Pacific Swimming. Each Zone compiles a team of all-star swimmers to compete against each other. The Zone 4 All-Star team will consist of 3 different age groups; 9-10, 11-12, & 13-14 in both girls and boys. The eight fastest applicants will be selected for each age group to compete at the meet on March 6, 2005 at Independence High School, San Jose, CA.

The idea of the meet is to give swimmers the opportunity to swim against the best swimmers in Pacific Swimming and to gain experience being apart a traveling team. The Zone 4 team will be having a practice on Saturday, March 5 at the Carson Aquatic Center. Following the practice, the team will board a chartered bus and head to San Jose. The team will stay overnight in San Jose, and then compete in the Meet on Sunday morning. Following the meet, the team will board the bus and head back to Carson City. This year's coaching staff will be Nobuko Nijiri (CARS), Sarah Govan (DDST), Nikola Savcic (LAKE), and Sarah Urch (TAHO).

Please complete the enclosed application and submit it to your coach by Sunday, February 20, 2005. If you have any questions, please ask your coach or contact me at [renoac@hotmail.com](mailto:renoac@hotmail.com) or (775) 828-7946.

Sincerely,

Randy Burns, Zone 4 Chairman

**USA/PACIFIC SWIMMING**  
**ZONE 1N -ZONE 1S- ZONE 2 - ZONE 3 - ZONE 4 -**  
**ALL-STAR DEVELOPMENTAL MEET**  
 Hosted by Zone 1 South – Sunday, March 6, 2005

**\*\*\* SWIMMERS LETTER OF INTENT \*\*\***

The following form is to be used to express an athlete's intent to participate on the Zone 4 Developmental Team. All letters must be submitted to your coach before the start of 11 & Up FINALS of the Nevada State Championship meet on Sunday, February 20, 2005. Swimmers will be chosen at the conclusion of the meet and will be notified no later than Friday, February 25, 2005. Those chosen will represent Zone 4 at the All-Star meet to be held at the Independence High School Pool, 1776 Educational Park Dr., San Jose, CA, on March 6, 2005. An All-Star practice will commence at Carson Aquatic Center, Carson City, on Saturday, March 5, 2005 at 10:00am. After the practice the All-Star team will be traveling together on Aztec Bus lines to San Jose. A complete itinerary will be given to each athlete after they are chosen for the team.

Swimmer's Name:	Date of Birth:	Age:
Address:		
USS #:	Phone:	Sex:
Club Abbreviation:	Coach:	

**Please fill in your best time for the All Star events in your age group.**

**9-10 50 Fly, 50 Back, 50 Breast, 50 Free, 100 Free, 100 IM**

**11-12 100 Fly, 100 Back, 100 Breast, 50 Free, 100 Free, 200 IM**

**13-14 100 Fly, 100 Back, 100 Breast, 50 Free, 200 Free, 200 IM**

**Improved times achieved at the State Championship meet will be automatically updated.**

**List all your times to improve your chances for selection.**

____ Fly	____ Back	____ Breast	____ Free	____ Free	____ IM
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**\*\*\* AGREEMENT \*\*\***

I will participate as a member of Zone 4 2005 All Star Developmental Team. I agree to abide by all rules and regulations set forth by the coaching staff, the team managers and the Pacific Swimming Code of Conduct. I understand that the team will practice on Saturday, March 5, 2005 and the meet will be held in San Jose, CA Sunday, March 6, 2005. I have attached a co-pay of \$50 per swimmer and a copy of my 2005 USA Registration. Patient Medical History and Consent to Emergency Treatment of Minor must be completed on reverse side.

\_\_\_\_\_  
**Swimmer's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

**\*\*\*\*Attention Parents: If you are interested in being a parent chaperone, please contact your child's coach or call Randy Burns (Zone 4 Chairman) at (775)-828-7946.**

T-Shirt Size (circle one)      S      M      L      XL      XXL

## **SWIMMER EMERGENCY INFORMATION**

Swimmer's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

### EMERGENCY CONTACTS (Name and Phone):

1. \_\_\_\_\_

2. \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

### List ANY Medical Conditions/Medications:

\_\_\_\_\_  
\_\_\_\_\_

In the event my child, \_\_\_\_\_, becomes ill or injured and I cannot be reached, I hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be deemed necessary.

Signature \_\_\_\_\_  
(Parent or Guardian)

Date \_\_\_\_\_

## PACIFIC SWIMMING HONOR CODE

I, as a member of Pacific understand and will comply with the following as approved by the Pacific 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, the vice chairman, or designated person in charge of the team.
4. The hallway door will be left open when male and female athletes are in the same room.
5. Uniform requirements that are established for the trip will be followed.
6. Proper respect, sportsmanship, and courtesy toward coaches, officials, administrators, competitors, and the public will be displayed.
7. The manner by which one behaves will present a positive image of Pacific and will provide an atmosphere to meet the competitive performance objectives.
8. Additional guidelines may be established as needed to assure 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 events of the competition.
2. Dismissal from the team and return home at my own expense.
3. Disqualification from future Pacific-sponsored activities.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(athlete/staff member)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent or legal guardian if under 18)

Competition/location: \_\_\_\_\_

Dates of competition: \_\_\_\_\_