

USA/PACIFIC SWIMMING
ZONE 1N -ZONE 1S- ZONE 2 - ZONE 3 - ZONE 4 -
ALL-STAR DEVELOPMENTAL MEET
 Hosted by Zone 4 – Sunday, March 5, 2006

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

The following form is to be used to express an athlete's intent to participate on the Zone 4 All-Star Developmental Team. All letters must be submitted to your coach no later than Wednesday, February 22, 2006. Results at the 2006 Nevada State Championships will be updated for each applicant. Those chosen will represent Zone 4 at the All-Star meet to be held at the University of Nevada, Reno Lombardi Recreation Pool on March 5, 2006. An All-Star practice will commence at Northwest Reno Pool, 2429 Apollo Way, Reno, on Saturday, March 4, 2006 at 10:30a.m.

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.

Age Group:	Event Listing:
8 & Under	25 Free, 50 Free, 25 Back, 25 Breast, 25 Fly, 100 I.M.
9-10	50 Free, 100 Free, 50 Back, 50 Breast, 50 Fly, 100 I.M.
11-12	50 Free, 100 Free, 100 Back, 100 Breast, 100 Fly, 200 I.M.
13-14	50 Free, 200 Free, 100 Back, 100 Breast, 100 Fly, 200 I.M.

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

List all your times to improve your chances for selection.

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

I will participate as a member of Zone 4 2006 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 4, 2006 and the meet will be held at the University of Nevada, Reno, Lombardi Recreation Pool on Sunday, March 5, 2006. I have attached a copy of my 2006 USA Registration. The Patient Medical History and Consent to Emergency Treatment of a Minor must be completed on reverse side of this form and be submitted with our application.

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: _____

