

**USA/PACIFIC SWIMMING**  
**ZONE 1N –ZONE 1S- ZONE 2 - ZONE 3 - ZONE 4 -**  
**ALL-STAR DEVELOPMENTAL MEET**  
 Hosted by Zone 3 – Sunday, March 4, 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 Sunday, February 11, 2007. Results at the Douglas meet will be updated for each applicant. Those chosen will represent Zone 4 at the All-Star meet to be held at the University of San Francisco, Koret Center Pool on March 4, 2007. An All-Star practice will commence at Lakeridge Tennis Club, 6000 Plumas St, Reno, NV 89509, on Saturday, March 3, 2007 at 10:00a.m.

**Swimmers who have competed at Western Zone All Stars or the Pacific Coast Meet are not eligible.**

|                    |                |      |
|--------------------|----------------|------|
| 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.**

| <b>Age Group:</b> | <b>Event Listing:</b>   |
|-------------------|---|
| <b>9-10</b>       | <b>50 Free, 100 Free, 50 Back, 50 Breast, 50 Fly, 100 I.M.</b>    |
| <b>11-12</b>      | <b>50 Free, 100 Free, 100 Back, 100 Breast, 100 Fly, 200 I.M.</b> |
| <b>13-14</b>      | <b>50 Free, 200 Free, 100 Back, 100 Breast, 100 Fly, 200 I.M.</b> |

**Improved times achieved at the DDST Meet will be automatically updated.**

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

|           |           |           |             |          |         |
|-----------|-----------|-----------|-------------|----------|---------|
| ____ Free | ____ Free | ____ Back | ____ Breast | ____ Fly | ____ IM |
|-----------|-----------|-----------|-------------|----------|---------|

**\*\*\* AGREEMENT \*\*\***

I will participate as a member of Zone 4 2007 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 3, 2007 and the meet will be held in San Francisco, CA Sunday, March 4, 2007.

Patient Medical History and Consent to Emergency Treatment of Minor must be completed, on reverse side of this form, a signed copy of the Pacific Swimming Honor Code, a copy of your 2007 Pacific Swimming Registration card must be submitted with our application and a co-pay of \$50 per swimmer to be considered for the Zone 4 2007 All Star Developmental Team if any of these items are missing then you will be removed from consideration.

\_\_\_\_\_  
**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 Joe Stubnar (Zone 4 Chairman) at (775)-720-6703.**

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

## **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: \_\_\_\_\_