

USA/PACIFIC SWIMMING
ZONE 1N – ZONE 1S – ZONE 2 – ZONE 3 – ZONE 4
ALL-STAR DEVELOPMENTAL MEET
 Hosted by Zone 1N – Sunday, March 1, 2009

***** ZONE-4 SWIMMER'S LETTER OF INTENT *****

The following forms are to be used to express an athlete's intent to participate on the 2009 Pacific Swimming **Zone 4** All-Star Team. Completed forms, \$50 co-pay (see below), and copy of USA Swimming card and medical insurance card must be submitted to your coach as soon as possible and no later than **Sunday, February 15, 2009**. Up through that date, best times achieved after submitting this application will automatically be updated and considered in the selection process. Selection will begin February 16, 2009, immediately following the St. Valentine Invitational meet in Minden, and swimmers will be notified of their status as soon as possible. Up to 8 athletes per age-group and gender will be selected. Those chosen will represent Zone 4 at the All-Star meet to be held at Burlingame High School on March 1, 2009. All-Star Team practice will commence at Lakeridge Tennis Club, 6000 Plumas St, Reno, NV 89509, on Saturday, February 28, 2009 at 10:00 am, followed immediately by team travel to Burlingame. **Swimmers who have previously competed at the North American Challenge Cup, Western Zone Championships, or Pacific Coast All-star ("Quad") meets are NOT eligible for selection to this team.**

Swimmer's Name:	Date of Birth:	Age on 3/1/09:
Address:		
USS Registration # (attach copy of card both sides): <div style="display: flex; justify-content: space-between; font-family: monospace; font-size: 0.8em;"> M M D D Y Y F F F M L L L L </div>	Phone:	Gender: M / F
Club Abbreviation:	Coach:	

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

Age Group:	Events for your Age Group:
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 after submitting this application will updated automatically if needed.

List ALL your times to improve your chances for selection.

_____ Free	_____ Free	_____ Back	_____ Br	_____ Fly	_____ I.M.
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***** AGREEMENT *****

I will participate as a member of Zone 4 2009 All Star Developmental Team. I agree to abide by all rules and regulations set forth by the coaching staff, the team managers, and the attached Pacific Swimming Code of Conduct. I understand that the team will practice together on Saturday, February 28, 2009 and the meet will be held in Burlingame, CA, on Sunday, March 1, 2009.

To be considered for the Team, the attached Patient Medical History and Consent to Emergency Treatment of Minor and Pacific Swimming Honor Code must be completed and signed, and copies (**both sides!**) of your **2009 USS/Pacific Swimming Registration card** AND **medical insurance card(s) (if any)** MUST be submitted, along with a **co-pay of \$50 per swimmer payable to "Zone 4 Pacific Swimming"**. If any of these items are missing then you will be removed from consideration.

 (Printed name of Athlete)

 (Signature)

Date: _____

 (Printed name of Parent/Legal Guardian)

 (Signature)

Date: _____

******Attention Parents: If you are willing to be a parent chaperone, please contact your child's coach or Jim Morefield (Zone-4 Chair) at jdmore@charter.net or (775)-782-4360.**

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

(circle one): Youth Adult

SWIMMER EMERGENCY INFORMATION

Swimmer's Name: _____ Home Telephone: _____

Swimmer's Address: _____

Parent/Guardian Name: _____ Work Telephone: _____

Parent/Guardian Name: _____ Work Telephone: _____

Number(s) where you can be reached 2/28 - 3/1, 2009: _____

EMERGENCY CONTACTS (in case the above cannot be reached):

1. _____
(Name) (Telephone 2/28 – 3/1, 2009)

2. _____
(Name) (Telephone 2/28 – 3/1, 2009)

Physician Name: _____ **Telephone:** _____

Address: _____

Medical Insurance Company Name: _____

Policy # _____ ID # _____ Group # _____ Enrollment Code: _____
(list all of the above numbers that are available to you)

Name of Primary Insured Person: _____

List ALL Medical Conditions and current Medications (attach additional sheets if needed):

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.

(Printed name of Parent/Legal Guardian)

(Signature)

Date: _____

PACIFIC SWIMMING HONOR CODE

This Honor Code and any additional guidelines regarding conduct will be reviewed by the Head Coach at the first team meeting. Upon notification of any violation of the Honor Code, a review committee (consisting of the Age Group Chairman or his delegate, the Head Coach, the Age Group Coach(es) of the individual(s) involved, a female athlete, a male athlete and a non-coach member) shall promptly investigate the circumstances of the violation, notify the individual(s) charged of a time for hearing, and shall conduct an informal hearing on the evidence. This review committee shall then promptly determine what disciplinary action, if any, shall be taken. Violations and disciplinary actions will be reported to the Pacific Swimming Board of Review.

I, _____, as a member of Pacific Swimming,
(athlete/staff member)

understand and will comply with the following as approved by the Pacific Swimming Board of Directors:

1. The possession or use of alcohol, tobacco products, or controlled substances is prohibited throughout the designate d 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 fully open (so the interior of the room can be viewed from the hallway) when any athletes other than those assigned to occupy the room are in the room.
5. Uniform requirements 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 in 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 swimming activities.
2. Dismissal from team and return home at my own expense.
3. The infraction(s) will be reported to the Pacific Swimming Board of Review who may take additional disciplinary action including but not limited to disqualification from future Pacific Swimming sponsored activities.

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

(Printed name of Athlete) (Signature) Date: _____

(Printed name of Parent/Legal Guardian) (Signature) Date: _____

Competition/Location: Zone All-star Developmental Meet/Pacific Swimming Dates: Feb. 28 – March 1, 2009