

ZONE-4 ALL-STAR TRAVEL TEAM

GENERAL INFORMATION

*** (Please detach and keep this sheet for your information) ***

Eligibility: (1) age 9–14 on March 6, 2011; (2) by Feb. 21, 2011, Pacific Swimming “A” times in ANY 3 events for your age group on March 6; (3) never before selected to participate in the North American Challenge Cup, Western Zone Championships, or Pacific Coast (“Quad”) All-star meets.

Dates: Saturday & Sunday, March 5-6, 2011. **Location:** Diablo Valley College, Pleasant Hill CA.

Travel: by charter bus; pick-up time(s) and location(s) on Saturday morning 3/5 will be announced.

Chaperones: will consist of the 4 team coaches and up to 6 additional volunteer parents of athletes.

Family Participation: athletes, coaches, and parent chaperones are expected to travel, lodge, and participate as a group during the entire trip. Additional family members are welcome and encouraged to travel separately on their own, to support and cheer on the Zone-4 team as spectators, and to support the meet as timers or officials. Limited additional hotel rooms (at the family’s cost) or bus space MAY be available for family members at the sole discretion of the Team Manager.

Chaperone Volunteers: complete the attached Chaperone Information form, or contact the Team Manager ASAP. If you are a 2011 USA Swimming non-athlete member, please send or fax a copy of your card to the Team Manager. Otherwise, **IF** you are selected to chaperone, you will be provided information on obtaining USA Swimming non-athlete membership and background screening (any NEW costs will be reimbursed). Screening web site: www.usaswimming.org/backgroundcheck

Chaperone Costs: bus transportation, group lodging and meals, and team apparel are included.

Application Deadline: Saturday February 19th, 2011, by the beginning of finals at the Nevada State Championship Meet in Carson City.

Best Times: will be updated after Nevada State Championships, and adjusted for altitude.

Selection Process: up to 8 athletes and 2 alternates in each age group and gender will be selected based on their updated and adjusted best times in the All-star events for their age group, using a standardized point scoring system. Any ties will be broken using the 100 freestyle time.

Selection Timeline: athletes will be informed of their status ASAP during the week of Feb. 21-25.

Cancellation: co-pay is **non-refundable** after an athlete or Alternate has accepted selection to the team (except for illness, accidental injury, or unexpected circumstances beyond the control of the athlete and family). **Athletes needing to withdraw must contact the Team Manager ASAP so that Alternates can be selected.**

TEAM MANAGER: Louise Marin (530-541-2330; louisemarin@sbcglobal.net; fax: 530-542-9446).

QUESTIONS: Please direct all questions to the Team Manager.

MISSING APPLICATION ITEMS: Please FAX to the Team Manager ASAP at 530-542-9446.

Backup to the Team Manager: Jim Morefield (Zone-4 Chair): 775-782-4360, jdmore@charter.net.

Team Coaches:

9-10 girls:	Darci Cummings (RENO)
9-10 boys:	Nikola Savcic (LAKE)
11-12 girls & boys:	Sharon Weiss (LAKE)
13-14 girls & boys:	Ryan Evans (RENO)

2011 PACIFIC SWIMMING ZONE-4 ALL-STAR TEAM

APPLICATION AND CHECKLIST

Please complete all of the following legibly and submit together with the attached application.
Incomplete applications will not be considered!

- ☐ Please review entire packet and eligibility requirements before completing.
- ☐ Athlete Name _____ ☐ Club _____
- ☐ Parent email contact _____ ☐ Phone _____
- ☐ Athlete T-Shirt Size: __Youth or __Adult S M L XL XXL
- ☐ Athlete Sweatshirt Size: __Youth or __Adult S M L XL XXL
- ☐ Athlete Letter of Intent (filled out completely, signed and dated).
- ☐ Athlete Selection Information (filled out completely - best times will be updated)
- ☐ Copy of 2011 USA/Pacific Swimming **Registration Card** attached (or faxed within 3 days).
- ☐ \$60 Co-pay, payable to "Zone 4 Pacific Swimming" (returned if not selected to compete).
- ☐ Athlete Emergency Information (filled out completely, signed and dated).
- ☐ Copy of both sides medical insurance card(s) if any (or fax within 3 days) or check __ if none.
- ☐ Athlete Honor Code (read and filled out completely, signed and dated).

PARENTS WILLING TO CHAPERONE: Thank You!

- ☐ Parent Chaperone Information (back page, filled out completely, signed and dated).
- ☐ IF you already have 2011 USA Swimming membership and/or background screening, **please submit copies** to the Team Manager ASAP. **Otherwise:**

IF you are selected to chaperone, you will be provided further information on obtaining USA Swimming non-athlete membership and background screening (any NEW costs will be reimbursed).

- ☐ **ALL FORMS AND CO-PAY CHECK SIGNED AND DATED. (Detach General Info sheet first)**
- ☐ **Parent/Athlete submit** completed application to your coach (or directly to Team Manager below) **ASAP and no later than Start of Finals on February 19th, 2011, at Nevada State Champs.**
- ☐ **Coaches please submit ALL** applications received ASAP to:

Louise Marin, Team Manager: 530-541-2330; louisemarin@sbcglobal.net; fax: 530-542-9446

Backup to team manager: Jim Morefield (Zone-4 Chair): 775-782-4360, jdmore@charter.net

USA/PACIFIC SWIMMING, ZONE 1N – ZONE 1S – ZONE 2 – ZONE 3 – ZONE 4
ALL-STAR DEVELOPMENTAL MEET

Hosted by Zone 2 – Saturday-Sunday, March 5-6, 2011

***** ZONE-4 ATHLETE LETTER OF INTENT *****

The following forms are used to express an athlete's intent to participate as part of the 2011 Pacific Swimming **Zone 4** All-Star Team if selected. Completed forms, \$60 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 the **DEADLINE: Start of finals on Saturday, February 19, 2011, at Nevada State Championships in Carson City.** (Coaches submit to Team Manager or Zone Chair.) Best times will be updated and selection will begin February 21, 2011, and applicants will be notified of their status as soon as possible. Up to 8 athletes per age-group and gender, plus alternates, will be selected. The top 8 will represent Zone 4 at the All-Star meet to be held in Pleasant Hill, CA on March 5-6, 2011. The Team will assemble about 9:00 am Saturday, practice and travel to Pleasant Hill, compete Sunday, and return Sunday evening. A detailed itinerary will be provided to all participants. Group lodging, transportation, and meals including Saturday lunch through Sunday lunch will be provided.

Athlete's Full Legal Name:	Date of Birth:	Age on 3/6/11:
USS Registration # (please attach copy of card): 	Phone:	Gender: M / F
Club or Abbreviation:	Coach:	
<u>Parent email contact</u> (best through 3/6/2011)	<u>Optional: athlete email contact</u>	

***** AGREEMENT *****

If selected, I commit to participate as a member of the 2011 Zone 4 All Star Team. I agree to abide by all rules and regulations set forth by the coaching staff, the team managers and chaperones, and the attached Pacific Swimming Athlete Honor Code. I understand that the team will practice and travel together on Saturday, March 5, 2011 and the meet will be held in Pleasant Hill, CA, on Sunday, March 6, 2011. Co-pays of non-selected athletes will be returned promptly after the meet. Except for unexpected circumstances beyond the control of the athlete and family, I understand that failure to participate after accepting selection may result in forfeiture of co-pay and ineligibility for future Zone-4 All-star teams.

I understand that I must meet all Zone-4 and Pacific Swimming eligibility requirements at selection time to be considered; that the attached Selection Information, Athlete Emergency Information, and Pacific Swimming Honor Code forms **MUST** be completed and signed; and that copies of my **2011 USS/Pacific Swimming Registration card AND medical insurance card(s) (both sides!) (if any)** **MUST** be submitted, along with a **co-pay of \$60 payable to "Zone 4 Pacific Swimming"**. **If any of these items are missing at selection time then I will be removed from consideration.**

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

******Attention Parents: If you are willing to be a Team Chaperone if selected, please complete the last page, and contact Team Manager Louise Marin (530-541-2330, louisemarin@sbcglobal.net) or Zone-4 chair Jim Morefield (775-782-4360, jdmore@charter.net) for further information.**

ZONE 4 ALL-STAR TEAM

ATHLETE SELECTION INFORMATION

1. Please repeat the following information so that an All-star coach can use this sheet to most quickly and easily contact you during selection week (February 21-25, 2011):

Athlete's Full Legal Name:	Date of Birth:	Age on 3/6/11:
USS Registration #: <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>	Phone:	Gender: M / F
Club or Abbreviation:	Coach:	
<u>Best phone contact</u> (February 19-27)	<u>Alternate phone contact</u> (February 19-27)	

2. Please fill in your best times for the All Star events listed for your age group. Times for 200-yard events should be adjusted for altitude if applicable. Improved times achieved after submitting this application will be updated and adjusted automatically for the selection process.

Your Age Group

(on March 6th)

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.

List your times for ALL events to improve your chances for selection.

50	Free	 	Free	 	Back	 	Br	 	Fly	 	I.M.
⋮	.	⋮	.	⋮	.	⋮	.	⋮	.	⋮	.

3. I understand and agree to the following:

Eligibility: to be considered, I will (1) be age 9–14 on March 6, 2011; (2) by Feb. 21, 2011, have achieved Pacific Swimming “A” times (adjusted for altitude) in ANY 3 events (not limited to the above) for the age group I will be in my age group as of March 6; (3) never before have been selected to participate in the North American Challenge Cup, Western Zone Championships, or Pacific Coast (“Quad”) All-star meets.

Selection Process: up to 8 athletes in each age group and gender will be selected based on their updated and altitude-adjusted best times in the All-star events for their age group, using a standardized point scoring system (11-8-5-3-2-1-0). Any ties will be broken using the swimmers' 100 freestyle times.

Alternates: will be ranked as part of the same team selection process, and will be called in ranked order as needed to replace selected swimmers, regardless of the swimmer and events being replaced. After team entries have been submitted to the meet host, alternates must swim the replaced swimmer's events.

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

ATHLETE 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 3/5–3/6, 2011: _____

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

1. _____
(Name) (Telephone 3/5 – 3/6, 2011)

2. _____
(Name) (Telephone 3/5 – 3/6, 2011)

Physician Name: _____ Telephone: _____

Address: _____

Medical Insurance Company Name: _____

Policy # _____ ID # _____ Group # _____ Enrollment Code: _____

(list any and all of the above numbers that are available to you)

Name of Primary Insured Person: _____

List ALL Allergies, 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.

(Signature of Parent/Legal Guardian)

(Printed name of Parent/Legal Guardian)

Date: _____

PACIFIC SWIMMING ATHLETE 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 name)

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 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 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 Swimming 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.

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

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

Competition/Location: Zone All-star Developmental Meet / Pleasant Hill CA Dates: March 5 – 6, 2011

PARENT CHAPERONE INFORMATION

(costs of bus transportation, group lodging and meals, and team apparel included)

1. Do you want to volunteer as a Chaperone if selected? ☐ Yes ☐ No (we will need up to 6)

IF YES, PLEASE COMPLETE ALL OF THIS PAGE:

2. Are you a 2011 USA Swimming non-athlete member?

☐ Yes (please attach copy of your 2011 membership card or fax to: 530-542-9446 ASAP)

☐ No (cost will be reimbursed)

3. USA Swimming background check in last 2 years? ☐ Yes ☐ No (will be reimbursed)

(see www.usaswimming.org/backgroundcheck)

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

5. Adult Sweatshirt Size (circle one): S M L XL XXL

PACIFIC SWIMMING ZONE-4

COACHES / MANAGERS / CHAPERONES CODE OF CONDUCT

I, the undersigned staff member, agree to participate in the Pacific Swimming sponsored activity named below. I agree to abide by the standards of conduct outlined below, in addition to those guidelines established by the activity director at the activity site. Any additional guidelines regarding conduct will be presented at the first team meeting following establishment of these guidelines.

1. Staff members are required to attend all team functions. These include, but are not limited to, meetings, meals, training sessions, practice sessions, competitions, exhibitions and press conferences unless excused by the activity director.

2. The possession or use of alcohol, tobacco or any non-prescribed drugs is prohibited.

3. Staff members are prohibited from wearing any home team clothing or trying to recruit swimmers, either directly or indirectly, for their home club.

4. Staff members are required to help supervise the athletes at all times during the activity.

5. Failure to comply with this Code of Conduct may result in the following:

a. loss of compensation for the activity

b. suspension from participating in future activities

c. reimbursement to Zone 4 Pacific Swimming for all costs incurred on my behalf

6. The Pacific Swimming Board of Review shall within 30 days determine the penalty and notify the staff member of their findings.

7. Any disciplinary action may be appealed in accordance with Part Four of USA-S Rules and Regulations and Article 10 of the Pacific Swimming Bylaws.

8. All team managers and chaperones must be non-athlete members in good standing of USA Swimming. (If selected, costs of any NEW non-athlete membership and/or USA Swimming background check required will be reimbursed by Zone 4 for team managers and chaperones.)

(Signature) _____ Date: _____
(Printed name of Staff Member)

Competition/Location: Zone All-star Developmental Meet / Pleasant Hill CA Dates: March 5 – 6, 2011

BEST CONTACT INFO **BEFORE** MEET: phone: _____ email: _____

CONTACT PHONE(S) **DURING** MEET: phone: _____ phone: _____