

ZONE 4

30 December 2013

Dear Pacific Swimming **ZONE-4** Athletes, Parents, and Coaches:

The Pacific Swimming Zone 1N - Zone 1S - Zone 2 - Zone 3 - Zone 4 **All Star Meet** is being held in Burlingame, California, on Sunday, March 2nd, 2014 at Burlingame High School. The All Star Teams will travel to Burlingame on Saturday, March 1st and will be able to warm-up at the Burlingame High School pool on Saturday afternoon. The teams will spend the night in a hotel on Saturday and return home after the meet on Sunday.

The **Zone-4 All Star team** will be comprised of up to eight girls and eight boys each from three age divisions (9-10, 11-12, and 13-14). Selection for the team is based on fastest times in All Star events as of Sunday, January 26th, 2014. **Zone-4 minimum eligibility is** *any three* **2014 Pacific Swimming "A" times (for your age on March 2, 2014).**

Completed applications must be **postmarked by January 22, 2014**, and mailed to: **Zone 4 All Stars, c/o Louise Marin, PO Box 16185, South Lake Tahoe, CA 96151. OR** applications may be **HAND DELIVERED** TO ZONE ALL-STAR DESK at the CARS Blizzard Blast Meet in Carson City January 17-19. **Hand-delivered applications must be <u>received</u> by 3:00 pm on Sunday at the meet.**

Application must include ALL of the following:

- a. Letter of Intent
- **b.** Pacific Swimming Honor Code
- c. Pacific Swimming Family and USAS Home Coach Participation Guide
- d. Pacific Swimming Travel Policy
- e. Medical Release Forms
- f. Copy of Medical Insurance Card
- g. Athlete Privacy Letter
- **h.** Co-pay of \$80.00 payable to "Zone 4 Pacific Swimming" (non-refundable if selected to the team).

All forms must be received, completed, signed and with the co-pay of \$80.00 payable to "Zone 4 Pacific Swimming" by the cutoff date of January 26, 2014 for the swimmer to be eligible for selection.

All swimmers and parents must sign the Letter of Intent, Pacific Swimming Honor Code, Family and USAS Home Coach Participation Guide, Pacific's Travel Policy, Medical Release forms, Athlete Privacy Letter, include a **copy of the athlete's medical insurance card, and co-pay**. *Siblings need separate checks*. If you have any questions you may email louisemarin@charter.net or call (530) 416-6053.

Swimmers who have swum at Western Zone Championships, North American Challenge Cup, or the Pacific Coast All Star meet, regardless of age group at the time, are ineligible.

Sincerely, Louise Marin Zone 4 All Star Team Manager

(DETACH AND KEEP THIS PAGE)

My swimmer's age on Ma	rch 2, 2014 ₋		_ Mal	e	Female	e (circl	e one)
Sweat Shirt Size (Circle One):	(Youth size): YI	M YL Y	XL or	(Ad	ult size):	S M L	XL
ZONI	E 4 PACIFIO	CSWIN	1MIN	G			
	Letter of	Intent					
This Letter of Intent must be <u>received</u> reselection.	no later than 3:00 p	m Sunday J	anuary 26	, 201	4 to be cor	nsidered f	for
Activity: Pacific Swimming Zone	All Star Developm	ental Meet	, Burlinga	ame,	CA on Ma	arch 1-2,	2014
This signed Letter of Intent, a signed Policy, completed Medical Release For Pacific Swimming" must be on file with the request the named swimmer be con	orms, Athlete Privith the All Star Te	vacy letter, am Manag	and \$80.0 er no late	00 co r tha	-pay made in January	e out to " y 26, 201	'Zone 4 4.
Swimmers Full Legal Name:			Birth	Date	e:		
Swimmers Full Legal Name: First USA Swimming Reg. #:	Full Middle	Last	Sex:	F M	Month I (circle or	Day ne)	Year
Family Email (please write clearly):							
Parent/Legal Guardian Names:			F	Iome	e Phone:		
Address:							
Street	City		W 1 D1			Zip Cod	
Father's Cell Phone:							
Mother's Cell Phone: Swimmer's Cell Phone:		Mother's	work Pho	one:_			
Swimmer's Cen't Hone.		-					
Club Team (Abbreviation):	_ Coach Name:						
Coach Email:	Coach Phone #:						
Additional Information: Sandwich Pr	eference (Circle O	ne): Ham	Turkey	Ve	egetarian		
	AGREEM	<u>IENT</u>					
If selected we agree to participate, to ab Pacific's Honor Code and Parent/Coach agree that failure to participate results in on behalf of the swimmer.	nes Guidelines, Pac	ific LSC Gu	iidelines a	nd fu	ırthermore	understa	nd and
Signature of Swimmer			Sign	natur	e of Parent	/Guardia	n

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. ____, as a member of Pacific Swimming understand and will comply with the following as (Athlete Name) 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 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 towards 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 USA Swimming Rules and Regulations and Article 10 of the Pacific Swimming Bylaws. Date: (Signature) (Printed Name of Athlete)

Competition/location: 2014 Pacific Swimming Zone All-Star Meet, Burlingame, CA, March 1-2, 2014

(Signature)

(Printed Name of Parent or Legal Guardian)

_ Date: ___

PACIFIC SWIMMING ALL STAR TRIPS FAMILY AND USA SWIMMING HOME COACH PARTICIPATION GUIDELINES

Congratulations to you as a major supporter of your swimmer, who is rightfully proud and excited to be applying for a place on this year's Zone All Star Team. We as the team coaches and managers are looking forward to the coming competition, and are expecting a high level of cooperation and performance from all the athletes on the team. We know you share these aspirations with us.

This is an All-Star Team trip, where our first priority is to promote the best interest of the individual athlete in particular and of the team as a whole. This priority includes safety, fairness of competition for all athletes and the personal growth of each individual in contributing to the team.

You, as a parent and/or a coach, have already contributed enormously to the success of your athlete. In order to help and encourage you to continue this support while your athlete is with the Zone All Star Team, we offer you the following guidelines and ask that you sign them. If you have questions please speak to a manager or the Head Coach.

- Please, if you can, travel to the meet as an official, timer, or spectator. Your personal presence and support is important to the team.
- All team-housing areas are restricted to trip athletes and staff. Request for access to an athlete's areas must be made in writing to the head coach.
- During the trip family members are asked not to visit with the athletes. The athletes are on the trip to perform to the bet of their ability and to become a cohesive team. Team functions are designed with this in mind. Since the schedule must remain flexible, the athletes must stay in the team designated areas.
- Arrangements for telephone calls between the athlete and family/coach should be set up ahead of time, initiated by the athlete and limited to no more than five minutes per call. If you need to get in touch with your athlete please contact a staff member to relay a message (they will be glad to help).
- The "team area" during competition is restricted to swimmers and staff members. <u>Parents and home coaches may not be involved with the swimmers on the pool deck.</u>
- Any concerns that may arise during the course of the competition need to be referred immediately to the appropriate staff member. They are in place to help the athletes.

I have read and understand the guidelines set for me as a parent/coach.		
Parent/Legal Guardian Signature	Date	_



Pacific LSC Travel Policy

Swimmers and their parents/legal guardians must read, agree to, and sign the following before traveling:

- Travel Policy (this document)
- Code of Conduct
- Medical consent and release
- Liability release, waiver, or permission to participate

By signing this travel policy, participants agree to the following rules and policies:

- 1) When only one athlete and one coach travel to a competition, the athlete must have written permission from his or her parents/legal guardian in advance to travel alone with the coach. The coach must bring the signed form on the travel trip. (USA swimming, rule 305.5.3)
- 2) Athletes, parents, coaches, and other adults traveling with a club must sign that club's travel policies. (Required by the USA swimming rulebook, rule 305.5.4)
- 3) In the event of any violations of the travel code, Code of Conduct (article 304), or USA Swimming Athlete Protection Policies (article 305), the chaperone or head coach shall make a written report of all violations to the appropriate club (LSC) leadership and the parent or legal guardian of any affected minor athlete.
- 4) The possession, use, or sale/distribution of any illegal substance or any form of weapon is forbidden. The sale or distribution of controlled substances to others is also forbidden.

Chaperones

- 5) A chaperone (also called team manager) is an adult (21 years of age or older) who is not also a coach.
- 6) Chaperones must be members of USA Swimming and have successfully passed a USA Swimming-administered criminal background check. (USA Swimming. Rule 305.5.2)
- 7) The use of alcoholic beverages by chaperones is prohibited.
- 8) Chaperones are required to report any violation of the rules. Chaperones cannot use discretion in deciding when to report violations.

Two-Deep Leadership

Two-deep leadership is an athlete safety procedure specifying that every activity involving youth must have at least two adults (coaches and/or chaperones) present.

- 9) When doing room checks, attending team meetings and/or other activities, coaches and chaperones must maintain two-deep leadership.
- 10) When only one athlete and one coach travel to a competition, the coach and athlete should attempt to establish a "buddy" on another team to facilitate two-deep leadership.

Code of Conduct / Honor Code

- 11) Swimmers and chaperones will display proper respect and sportsmanship toward coaches, officials, administrators, teammates, fellow competitors and the public at all times.
- 12) The possession or use of alcohol or tobacco products by any athlete is prohibited.
- 13) Swimmers are to refrain from inappropriate physical contact at team activities and events.
- 14) Swimmers are to refrain from use of inappropriate language.

15) Swimmers' bags and belongings are subject to inspection by chaperones at any time.

Conduct within Hotels

- 16) Regardless of gender, a coach shall not share a hotel room or other sleeping arrangement with an athlete (unless the coach is the parent, guardian, sibling, or spouse of that particular athlete). (Required by USA swimming rule 305.5.1.)
- 17) During overnight travel, if athletes are paired with other athletes they shall be of the same gender and should be a similar age.
- 18) For overnight travel, chaperones shall stay in nearby rooms.
- 19) Curfews shall be established for each day of the trip. There should be one curfew for athletes to be in their assigned rooms and another for lights-out and quiet. Any swimmer who is out of his or her room after the room curfew without permission from the chaperone must be reported as in violation of the travel policies.
- 20) Swimmers who entertain guests of opposite gender in a hotel room must have explicit permission from a chaperone. When any group (including athletes not staying in that room) gathers in a room, the door shall remain open and the chaperone's permission is required.
- 21) Swimmers should not go into the halls or lobby unless they are dressed appropriately.
- 22) Swimmers shall not incur any incidental room charges (room service, movies, internet access) without first obtaining the permission of the assigned chaperone.
- 23) Any damages, excessive mess, or loss incurred at a hotel will be the expense of the swimmers assigned to that room and further disciplinary action will be taken. No loud or boisterous behavior will be tolerated in the hallways or public areas.

Transportation and Public Places

- 24) Swimmers are expected to remain with the team at all times during the trip. Swimmers are not to leave the competition venue, the hotel, a restaurant, or any other place at which the team has gathered without the permission/knowledge of the coach and chaperone.
- 25) When visiting public places such as shopping malls or movie theatres, swimmers must remain in groups, of size specified by the chaperone. Athletes 12 and under must be accompanied by a chaperone.
- 26) Athletes should not ride in a coach's vehicle without another adult present who is the same gender as the athlete, unless prior parental permission is obtained.

Disciplinary Action

Failure to comply with the policies as set forth in this document must result in disciplinary action. Such discipline may include, but may not be limited to:

- Dismissal from the trip and immediate return home at the athlete's expense
- Disqualification from one or more events
- Disqualification from future team travel meets
- Financial penalties
- Dismissal from the team
- Proceedings for a LSC or USA Swimming Board of Review

Swimmer Signature: Date	e:
Parent/Legal Guardian Signature: Date	e:

Authorization to Consent to Emergency Treatment of Minor

which is deemed advisable, and is to be rendered under surgeon when parent or legal guardian cannot be imme and/or appropriate medical personnel to attend to my com- physician/All-Star staff to release and receive medical child. This information may be transmitted via telephon or other form of media not listed here. It is understood	do hereby authorize Zone All-Star Team Head Coach, indersigned to act on my behalf to consent to any edical or surgical diagnosis or treatment and hospital care in the general supervision of any licensed physician and ediately contacted. I/we grant permission to the physician hild. In addition, I/we grant permission to the linformation pertaining to the necessary treatment of my me, personal interview, electronic mail, postal service, fax that this authorization is given in advance of any uired but is given to provide authority and power on the such emergency diagnosis, treatment or hospital care
Parents' Permission/ Acknowledger	nent of Risk for Athletic Participation
in Pacific Swimming's program and athletic events. participation in sports and during travel to and from mo of injury during participation in sports through meeting	I know that the risk of injury to my child comes with eets. I/we have had the opportunity to understand the risk gs, written information, or by some other means. My/our r knowledge, my/our answers to the above questions are
records that pertain directly to athletic participation a	staff to release such information regarding my child's t Pacific Swimming. I also grant permission for the PC my medical practice concerning my child's athletic injury
(Parent/Legal Guardian Signature)	(Date)

(PLEASE ATTACH A COPY OF SWIMMER'S MEDICAL CARD)

Swimmer Medical History/Permission to Treat

Allergies and sensitivities: Is there a history of skin or other untoward reaction or sickness following injection or oral administration of:

Penicillin	YES	NO
Morphine, codeine, Demerol or other narcotics	YES	NO
Novocain or other anesthetics	YES	NO
Aspirin, emperin or other pain remedies	YES	NO
Sulfa drugs	YES	NO
Tetanus, antitoxin or other serums	YES	NO
Adhesive tape	YES	NO
Iodine or methiolate	YES	NO
Any other drug or medication (describe)		·
Any foods such as egg, milk, chocolate (describe)		
Allergy to insect bites, bee stings, other (describe)		
Date of last Tetanus booster?		
Drugs Taken Recently: Within the past 6 months has swimmer taken		
Cortisone	YES	NO
ACTH	YES	NO
Anticoagulants		NO
Tranquilizers		NO
Hypotensives (high blood pressure medicines)	YES	NO
Has swimmer ever received treatment for (if yes, circle condition)	YES	NO
Asthma Rheumatism Rheumatic Fever		
Other physical conditions of which we should be aware?	YES	NO
LIST:		

May the following be given to my child for the immediate relief of pain/illness?

Pepto Bismol or similar	YES	NO
Advil or Motrin	YES	NO
Tylenol	YES	NO
Tums or similar	YES	NO
Benadryl	YES	NO
Cough Drops	YES	NO

Emergency Information

Swimmer's Name:			
Emergency Contact			
Name:	: Relationship:		
Home Phone:	Work Phone:	Cell Phone	:
Physician Name:		Phone:	
Dentist Name:		Phone:	
Medical Insurance:		Policy Number:	
Patient ID#			
Phone # of insurance company	to obtain authorization for	emergency treatment:	
(Parent/Legal Guardian Sign	ature)	(Date)	
	Athlete Priva	acy Letter	
Please fill out the following All-Stars Teams to be made	0 0.	ur consent for your child's pa	articipation on the Zone
I,(Print Parent/ Legal Guard	ian Name) (please circle or	ne) GRANT/DO NOT GI	RANT permission
for Pacific Swimming to us	e my minor child's name,	(Print Child's Name)	, in
		m meet, including the date a	
do grant permission, I will 1	not hold Pacific Swimming	g liable for any circumstance	s that may occur as a
result of this information be	ing made public prior to th	ne event.	
(Parent/Legal Guardian sign:	ature)		(Date)

