



## ZONE 4

8 January 2020

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

The Pacific Swimming Zone 1N - Zone 1S - Zone 2 - Zone 3 - Zone 4 **All Star Meet (ZAM)** is being held in Santa Clara, California, on Sunday, March 1st, 2020 at Santa Clara International Swim Center (SCSC). The All Star Teams will travel to Santa Clara on Saturday, February 29th and will warm-up at SCSC on Saturday afternoon. The teams will spend Saturday night in a hotel in Santa Clara and return home after the meet on Sunday. **NOTE: Standard Hotel accommodations** are 2 beds each room, up to 4 athletes per room ages 9-10 and 11-12 (sleeping bags welcome), and 2 athletes per room ages 13-14, always same-gender, with a chaperone rooming nearby.

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 19, 2020. **For 2020, Zone-4 minimum eligibility is at least one USA Swimming Motivational "BB" time and two "B" times in any three different events for the age you will be on March 1, 2020.**

Completed applications must be **postmarked by Friday, January 17, 2020** and mailed to:

**Zone 4 All Stars, c/o Kelly Schott, 1899 Rombauer Ct, Reno, NV 89519**

**OR** applications may be **HAND DELIVERED TO THE ZONE ALL-STAR DESK** at the CARS Blizzard Blast Meet January 17-19, 2020, in Carson City. **Hand-delivered applications must be received by 2:00 pm on Sunday January 19, 2020 at the Blizzard Blast 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. **\$85 Co-pay check 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 \$85.00** payable to "**Zone 4 Pacific Swimming**" by **5:00 pm on Tuesday, January 21, 2020** for the athlete to be eligible for selection.

All athletes 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, and include the **co-pay and copy of the athlete's medical insurance card(s) if any**. *Siblings need separate co-pay checks*. If you have any questions you may email [kburnight@hotmail.com](mailto:kburnight@hotmail.com) or call (775) 750-5033.

**Athletes who have swum at a Western Zone Championships or the Pacific Coast All Star meet, regardless of age group at the time, are INELIGIBLE for this meet.**

Sincerely,

Kelly Schott

Zone 4 All Star Head Team Manager

**(DETACH AND KEEP THIS PAGE FOR YOUR INFO)**

**Athlete's age on March 1, 2020:** \_\_\_\_\_ **Male** **Female**

**Sweat Shirt Size Youth:** \_\_\_YS \_\_\_YM \_\_\_YL \_\_\_YXL or **Adult:** \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_XXL

## **ZONE 4 PACIFIC SWIMMING**

### **Letter of Intent**

This Letter of Intent must be **received** no later than 2:00 PM SUNDAY JANUARY 19, 2020 to be considered for selection to **Pacific Swimming Zone All Star Meet, Santa Clara, CA on February 29-March 3, 2020.**

**This signed Letter of Intent, a signed Honor Code, signed Parent/Coach Guidelines, Pacific LSC Travel Policy, completed Medical Release Forms, Athlete Privacy letter, and \$85.00 co-pay made out to "Zone 4 Pacific Swimming" must be on file with the All Star Team Manager no later than January 19, 2020.**

We request the named athlete be considered for selection to the Zone All-Star Team. PLEASE PRINT CLEARLY:

**Athlete's Full Legal Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
First Full Middle Last Month Day Year

**USA Swimming Registration #:** \_\_\_\_\_

**Family Email** for selection notifications (**please write clearly**): \_\_\_\_\_

**Parent/Legal Guardian Names:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Father's Cell Phone:** \_\_\_\_\_ **Father's Work Phone:** \_\_\_\_\_

**Mother's Cell Phone:** \_\_\_\_\_ **Mother's Work Phone:** \_\_\_\_\_

**Athlete's Cell Phone:** \_\_\_\_\_

**Club Team (Abbreviation):** \_\_\_\_\_ **Coach Name:** \_\_\_\_\_

**Coach Email:** \_\_\_\_\_ **Coach Phone #:** \_\_\_\_\_

**Additional Information:** Sandwich Preference: \_\_\_Ham \_\_\_Turkey \_\_\_Vegetarian

### **AGREEMENT**

If selected we agree to participate, to abide by the rules and regulations of the coaching staff, team managers, Pacific's Honor Code and Parent/Coaches Guidelines, Pacific LSC Guidelines and furthermore understand and agree that failure to participate results in our liability and obligation to reimburse Pacific for expenses incurred on behalf of the athlete.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Signature of Parent/Guardian

## PACIFIC SWIMMING ATHLETES 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. Code of Conduct violations will be immediately referred to the Zone Board of Review. All other violations and disciplinary actions will be reported to the Pacific Swimming Administrative Review Board.

I, \_\_\_\_\_, as a member of Pacific Swimming understand and will comply with the following as approved by the Pacific Swimming Board of Directors:

(Athlete)

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. **Please no club gear with the exception of a parka.**
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.

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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 Administrative Review Board 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 USA Swimming Rules and Regulations Part Four and Pacific Swimming Bylaws Article 10.

\_\_\_\_\_  
(Printed Name of Athlete)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Parent or Legal Guardian)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Competition: Pacific Swimming Zone All Stars**

**Location: Santa Clara, CA**

**Date: February 29-March 3, 2020**

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

Congratulations to you as a major supporter of your athlete, 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 best 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 athletes and staff members. **Parents and home coaches may not be involved with the athletes on the pool deck.**
- 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**

**Athletes 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) and Athlete Protection Training course.
- 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) Athletes 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) Athletes are to refrain from inappropriate physical contact at team activities and events.
- 14) Athletes are to refrain from use of inappropriate language.

15) Athletes' 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 athlete 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) Athletes 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) Athletes should not go into the halls or lobby unless they are dressed appropriately.
- 22) Athletes 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 athletes 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) Athletes are expected to remain with the team at all times during the trip. Athletes 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, athletes 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 Western Zone, USA Swimming National Board of Review, and/or LSC Administrative Review Board

Athlete Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Authorization to Consent to Emergency Treatment of Minor

I/we, the undersigned parent(s)/legal guardian(s) of: \_\_\_\_\_ USA Swimming  
Registration #: \_\_\_\_\_, a minor, do hereby authorize Zone All-Star Team Head Coach,  
Team Managers and Coaching staff as agents for the undersigned to act on my behalf to consent to any  
emergency transport, x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care  
which is deemed advisable, and is to be rendered under the general supervision of any licensed physician and  
surgeon when parent or legal guardian cannot be immediately contacted. I/we grant permission to the physician  
and/or appropriate medical personnel to attend to my child. In addition, I/we grant permission to the  
physician/All-Star staff to **release and receive** medical information pertaining to the necessary treatment of my  
child. This information may be transmitted via telephone, personal interview, electronic mail, postal service, fax  
or other form of media not listed here. It is understood that this authorization is given in advance of any  
specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the  
part of the agent to give specific consent to any and all such emergency diagnosis, treatment or hospital care  
which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

## Parents' Permission/ Acknowledgement of Risk for Athletic Participation

As the parent(s)/legal guardian(s) of the above named student-athlete, I/we give consent for his/her participation  
in Pacific Swimming's program and athletic events. I know that the risk of injury to my child comes with  
participation in sports and during travel to and from meets. I/we have had the opportunity to understand the risk  
of injury during participation in sports through meetings, written information, or by some other means. My/our  
signature(s) below indicates that to the best of my/our knowledge, my/our answers to the above questions are  
complete and correct.

I/we give consent for the Pacific Swimming All-Star staff to **release** such information regarding my child's  
records that pertain directly to athletic participation at Pacific Swimming. I also grant permission for the PC  
athletic trainer to **receive** medical information from any medical practice concerning my child's athletic injury  
information for the continuity of care.

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(Parent/Legal Guardian Signature)

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(Date)

**(PLEASE ATTACH A COPY OF ATHLETE'S MEDICAL CARD)**

## **Athlete 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 allergies (describe): \_\_\_\_\_

Food allergies such as eggs, milk, chocolate, nuts (describe): \_\_\_\_\_

Allergy to insect bites, bee stings, other (describe): \_\_\_\_\_

Any special diet (describe): \_\_\_\_\_

**Does your athlete carry either of the following:**

**Prescription/rescue inhaler:** \_\_\_YES \_\_\_NO

**Epi-pen (epinephrine autoinjector):** \_\_\_YES \_\_\_NO

**NOTE: it is the parents' responsibility to contact the Team Manager directly ASAP regarding any specific medical or dietary requirements your athlete will have during the trip.**

Date of last Tetanus booster: \_\_\_\_\_

Drugs Taken Recently: Within the past 6 months has athlete taken

Cortisone:	___YES	___NO
ACTH:	___YES	___NO
Anticoagulants:	___YES	___NO
Tranquilizers:	___YES	___NO
Hypotensives (high blood pressure medicines):	___YES	___NO

Has athlete ever received treatment for (if yes, check condition below): \_\_\_YES \_\_\_NO

\_\_\_Asthma \_\_\_Rheumatism \_\_\_Rheumatic Fever

LIST all other physical conditions of which we should be aware: \_\_\_\_\_

\_\_\_\_\_

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

Pepto Bismol or similar:	___YES	___NO	Tums or similar:	___YES	___NO
Advil or Motrin:	___YES	___NO	Benadryl:	___YES	___NO
Tylenol:	___YES	___NO	Cough Drops:	___YES	___NO

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Date)



## Emergency Information

Athlete'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 Signature)

\_\_\_\_\_  
(Date)

## Athlete Privacy Letter

Please fill out the following information regarding your consent for your child's participation on the Zone All-Stars Teams to be made public prior to the event

I, \_\_\_\_\_, (please check one) ☐ **GRANT** ☐ **DO NOT GRANT** permission  
(Print Parent/ Legal Guardian Name)

for Pacific Swimming to use my minor child's name, \_\_\_\_\_, in  
(Print Child's Name)

conjunction with information about the upcoming swim meet, including the date and time of the meet. If I do grant permission, I will not hold Pacific Swimming liable for any circumstances that may occur as a result of this information being made public prior to the event.

\_\_\_\_\_  
(Parent/Legal Guardian signature)

\_\_\_\_\_  
(Date)

