



## ZONE 4

18 January 2022

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

The Pacific Swimming Zone 1N - Zone 1S - Zone 2 - Zone 3 - Zone 4 **Zone Challenge (formerly ZAM)** is being held in San Ramon, California, on Sunday, February 27, 2022 at the Dougherty Valley Aquatic Center, Dougherty Valley High School, 10550 Albion Rd, San Ramon, CA 94582. **This year, the family of each selected athlete is responsible for their own transportation to and from all Zone Challenge activities.** For Zone 4, this will include a team practice in Carson City late-morning on Saturday, February 26, followed by family travel to San Ramon. Sunday warm-ups are at 8:30 am, meet starts at 10:00 am and ends around 2:30 pm Sunday. **More itinerary details, including possible group rate on a hotel for Saturday night, will be emailed to the families of the selected athletes.** No group meals are planned during the trip.

The **Zone-4 Challenge Team** will be comprised of up to eight girls and eight boys from each of three age groups (9-10, 11-12, and 13-14). In groups with more than eight eligible applicants, selection is based on fastest times in Zone Challenge events as of Sunday, January 16, 2022. **For 2022, 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 of the athlete on February 27, 2022.**

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

### HOW TO APPLY:

**1.** Complete all attached forms electronically and email to [kburnight@hotmail.com](mailto:kburnight@hotmail.com) by **Thursday, January 27<sup>th</sup>**. **Incomplete applications will be rejected.** Signatures may be electronic or simply typed in the forms. **Your signed co-pay check constitutes your, and your athlete's, agreement to all forms.**

**2.** Hand-deliver your **co-pay check for \$50.00** payable to "Zone 4 Pacific Swimming" to your club's Head Coach by **Thursday, January 27<sup>th</sup>, 2022**. **Siblings must have separate co-pay checks.**

**Your head coach:** Carson Tigersharks–Julie Hardt; Douglas Dolphins–Kat Matheson; Lakeridge–Sharon Weiss; Northern Nevada Aquatics and Tahoe–Erik Scalise; Reno Aquatic Club–Mark Burnett.

**OR 3.** If necessary, you may instead print, complete, sign, and mail the forms plus your co-pay check (see above) to **Zone 4 Challenge Team, c/o Kelly Schott, 1899 Rombauer Ct, Reno, NV 89519**. Mailed applications must be **postmarked by Monday, January 24<sup>th</sup>, 2022**.

**All forms must be complete and received, and co-pay checks signed and received, by Thursday, January 27<sup>th</sup>, 2022, for an athlete to be eligible for selection.**

If you have any questions you may email [kburnight@hotmail.com](mailto:kburnight@hotmail.com) or call (775) 750-5033.

Sincerely,

Kelly Schott  
Zone 4 Challenge Team Manager

Jim Stretch  
Zone 4 Challenge Team Head Coach

Jim Morefield  
Zone 4 Chair

**Athlete's age on February 27, 2022:** \_\_\_\_\_ **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 THURSDAY JANUARY 27, 2022 to be considered for selection to the **Pacific Swimming Zone 4 Challenge Team, San Ramon, CA on February 26-27, 2022**

**This Letter of Intent, Honor Code, Parent/Coach Guidelines, completed Medical Release Forms, Athlete Privacy letter, and \$50.00 co-pay made out to "Zone 4 Pacific Swimming" must be on file with the Challenge Team Manager (co-pay with your club's Head Coach) no later than January 27, 2022.**

We request the named athlete be considered for selection to the Zone 4 Challenge 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 Name(s):** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

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

**Guardian #1 cell phone:** \_\_\_\_\_ **Guardian #1 work phone:** \_\_\_\_\_

**Guardian #2 cell phone:** \_\_\_\_\_ **Guardian #2 work 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, 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 Swimming and Zone 4 for expenses incurred on behalf of the athlete.

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

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



## CODE OF CONDUCT: ATHLETES

The purpose of a code of conduct for athletes is to establish a consistent expectation for athletes' behavior. By signing this code of conduct, I agree to the following statements:

- I will respect and show courtesy to my teammates and my coaches at all times.
- I will demonstrate good sportsmanship at all practices and meets.
- I will set a good example of behavior and work ethic for my younger teammates.
- I will respect my teammates' feelings and personal space. Swimmers who exhibit sexist, racist, or homophobic or otherwise inappropriate behavior will face consequences.
- I will attend all meetings and training sessions unless I am excused by my coach.
- I will show respect for all facilities and other property (including locker rooms) used during practices, competitions, and team activities.
- I will refrain from foul or inappropriate language, violence, behavior deemed dishonest, offensive, or illegal.
- If I disagree with an official's call, I will talk with my coach and not approach the official directly.

I will obey all of USA swimming's rules and code of conduct. I understand that if I violate this code of conduct, I will be subject to disciplinary action determined by my coaches and Pacific Swimming's board of directors.

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(Printed Name of Athlete)

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(Signature)

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(Date)

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(Printed Name of Parent or Legal Guardian)

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(Signature)

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(Date)

**Competition: Pacific Swimming Zone Challenge**

**Location: San Ramon, CA**

**Date: February 26-27, 2022**



## **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 Challenge (formerly ZAM 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 Challenge 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. **(Applies only to the pool deck in 2022)**
- 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. **(Applies only to the pool deck in 2022)**
- 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). **(Applies only to the pool deck in 2022)**
- 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:** \_\_\_\_\_



## 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 Challenge 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/Team 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 illness and 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 illness and 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 Zone Challenge 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 illness and  
athletic injury information for the continuity of care.

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(Parent/Legal Guardian Signature)

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(Date)

## **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 Challenge Team to be made public (digitally or in print) prior to the event

I, \_\_\_\_\_, **(please check one)** have indicated below, the privacy permissions I  
(Print Parent/ Legal Guardian Name)

expect Pacific Swimming to observe regarding my minor child, \_\_\_\_\_, in  
(Print Child's Name)

conjunction with information about the upcoming swim meet, including the date and time of the meet.

I ☐ **GRANT** ☐ **DO NOT GRANT** permissions to use my child's **name** on any team publications

I ☐ **GRANT** ☐ **DO NOT GRANT** permission to use my child's **image** on any team publications

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)

