

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

12 January 2026

The 2026 Pacific Swimming Zone 1N - Zone 1S - Zone 2 - Zone 3 - Zone 4 **All Star Meet (ZAM)** will be held in Morgan Hill, California, on Sunday, April 26, 2026 at the Dennis Kennedy Morgan Hill Aquatics Center, 16200 Condit Road, Morgan Hill.

ZAM All Star Teams will travel to Morgan Hill, California, on Saturday, April 25th for team practice/warm-ups at Dennis Kennedy Morgan Hill Aquatics Center pool on Saturday afternoon. Teams will spend Saturday night in a hotel in San Jose, California, and return home after the meet on Sunday. **NOTE: Expected 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.

Zone 4 Eligibility is based on fastest **altitude-adjusted times in any three different events** (in any course), using time standards for your age on April 26, 2026. Applicants need **at least one 2024-28 USA Swimming Motivational "BB" time and two additional "B" times**. Athletes who have swum at a Western Zone AG Championship or Pacific Coast All Star meet, regardless of age group at the time, are **INELIGIBLE** for this meet.

Selection: The **Zone 4 All Star Travel Team** will be comprised of up to 8 girls and 8 boys from three age divisions (9-10, 11-12, and 13-14). Team selection will be based on the fastest **altitude-adjusted** times as of Sunday, February 8, 2026, for the following events:

9-10	11-12	13-14
50 Fly	100 Fly	100 Fly
50 Back	100 Back	100 Back
50 Breast	100 Breast	100 Breast
50 Free	50 Free	50 Free
100 Free	100 Free	200 Free
100 IM	200 IM	200 IM

Location: Dennis Kennedy Morgan Hill Aquatics Center, 16200 Condit Road, Morgan Hill, California, 95037

Cost: The co-pay fee for this event is \$100 payable to "Zone 4 Pacific Swimming". **Siblings need separate co-pay checks**. The fee becomes non-refundable when the athlete is selected to the team.

Deadlines & Submission options: Completed and signed applications and co-pays must be **received by the Team Manager by 5:00 pm on Sunday, February 8, 2026** for the athlete to be eligible for selection. Options for submission:

- **Mail** (postmark by Tuesday February 3, 2026): **Zone 4 All Stars, c/o Lindsey Braginton, 1320 Humboldt St, Reno, NV 89509**
- **email** (completed applications only - co-pay must still be received by the deadline): lindseybraginton@gmail.com
- **Hand-deliver to the All-star Desk at the January Blizzard Blast meet or the February Valentines meet**

Application: Attached is the athlete application for the **Zone 4 All Star Team**. Applications must include ALL of the following:

<ul style="list-style-type: none"> ✓ Signed Letter of Intent ✓ Pacific Swimming Travel Policy and Code of Conduct: Athletes ✓ Pacific Swimming Family and USAS Home Coach Participation Guide 	<ul style="list-style-type: none"> ✓ Medical Information and Release Forms ✓ Copy of Medical Insurance Card ✓ Athlete Privacy Letter ✓ Co-pay of <u>\$100 payable to "Zone 4 Pacific Swimming"</u>
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All athletes and parents/guardians must sign the Letter of Intent, Pacific Travel Policy and Code of Conduct: Athletes, Family and USAS Home Coach Participation Guide, Medical Information and Release Forms, Athlete Privacy Letter, and co-pay, and **include a copy of the athlete's medical insurance card**. **Siblings need separate checks**. Please direct questions to:

Lindsey Braginton, lindseybraginton@gmail.com or 775-304-1175

(PLEASE DETACH AND KEEP THIS COVER PAGE FOR YOUR INFO)

Athlete's age on April 26, 2026: _____

Male Female
(Competition Gender - check one)

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 5:00 PM SUNDAY FEBRUARY 8, 2026 to be considered for selection.
Activity: Pacific Swimming Zone All Star Meet, Morgan Hill Aquatics Center, Morgan Hill, CA, April 25-26, 2026

This signed Letter of Intent, Pacific Code of Conduct Athletes, Family and USAS Home Coach Participation Guide, Pacific Swimming Travel Policy, Medical Release Forms, Athlete Privacy letter, and \$100.00 co-pay made out to "Zone 4 Pacific Swimming" must be on file with the All Star Team Manager no later than Sunday, February 8, 2026.

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:** _____

USA Swimming Registration #:

Birth Date: _____

Family Email for selection notifications (please write clearly):

Family Email for selection notifications (please write clearly): _____

Parent/Legal Guardian Names: _____ Home Phone: _____

Address:

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 Code of Conduct Athletes/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

Date

Signature of Parent/Guardian

Date



TRAVEL POLICY AND CODE OF CONDUCT: ATHLETES

The purpose of a code of conduct for athletes is to establish common expectations for all members of the travel team. It is to be used as a guide to promote a positive team environment and good sportsmanship. By signing this code of conduct, I agree to the following statements:

- I shall adhere to USA Swimming's Rules and Regulations, MAAPP, and Code of Conduct Article 304.
- I shall represent Pacific Swimming in a positive manner and exhibit good sportsmanship.
- I shall attend team functions which include, but are not limited to, meetings, practices, meals, presentations and competition, unless otherwise excused or instructed by a coach or designated person in charge of the event.
- I shall not exhibit sexist, racist, homophobic, or otherwise inappropriate behavior.
- I shall treat coaches, officials, athletes, and spectators with respect.
- I shall remain with the team and/or staff unless authorized by the Head Coach or Manager.
- I shall not consume or possess alcohol or controlled substances for the duration of the event.
- I consent that my personal items, including luggage, may be subject to inspection.
- I agree that any damages and/or losses incurred shall be at my own expense.

Conduct within Hotels:

- I agree that any incidental room charges shall be at my own expense.
- I will obey all curfews and other directives of team staff and chaperones.
- I will not allow anyone except my assigned roommates or team staff to enter my room without explicit permission from a chaperone, and the door shall remain completely open during any such visit.
- I will not engage in loud or boisterous behavior.
- I will always be appropriately dressed when in hallways, the lobby, and other public areas.
- When in public places, athletes must remain in groups of size specified by the chaperone. Athletes 12 and under must be accompanied by a chaperone.

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.

Signature of Athlete

Date

Signature of Parent/Guardian

Date



PACIFIC SWIMMING TEAM TRAVEL 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 a Team Travel 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/guardian 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/Guardians 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/guardian/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 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/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/Guardians' 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.

(Parent/Legal Guardian Signature)

(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 or Latex: YES NO
Iodine or methiolate: YES NO

Any other drug or medication allergies (describe): _____

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

Any special diet (describe): _____

Allergy to insect bites, bee stings, other (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/guardians' 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:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tums or similar:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Advil or Motrin:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Benadryl:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tylenol:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cough Drops:	<input type="checkbox"/> YES <input type="checkbox"/> 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 Star Teams to be made public prior to the event

I, _____, 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.

Check your choice regarding your child's privacy

I **GRANT** **DO NOT GRANT** permission to use my child's name on any team publications (digital or print)

I **GRANT** **DO NOT GRANT** permission to use my child's image on any team publications (digital or print)

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)

