ZONE-4 ALL-STAR TRAVEL TEAM GENERAL INFORMATION

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

<u>Eligibility</u>: (1) age 9–14 on March 6, 2011; (2) by Feb. 21, 2011, Pacific Swimming "A" times in <u>ANY 3</u> 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.

<u>Dates</u>: Saturday & Sunday, March 5-6, 2011. <u>Location</u>: 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.

<u>Family Participation</u>: 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.

<u>Chaperone Volunteers</u>: 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

<u>Chaperone Costs</u>: bus transportation, <u>group</u> lodging and meals, and team apparel are included.

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

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

<u>Selection Process</u>: 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.

<u>Cancelation</u>: 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 <u>all</u> of the following <u>legibly</u> and submit together with the attached application. **Incomplete applications will not be considered!**

	□ Please review <u>entire</u> packet and eligibility requirements <u>before</u> completing.									
	□ Athlete Name □ Club									
	Parent email contact									
	Athlete <u>T-Shirt</u> Size:Youth o	orAdult	s	M	L	XL	XXL			
	Athlete Sweatshirt Size:Youth o	orAdult	s	M	L	XL	XXL			
	Athlete Letter of Intent (filled out comple	etely, signed	and date	ed).						
	☐ Athlete Selection Information (filled out completely - best times will be updated)									
	Copy of 2011 USA/Pacific Swimming Re	gistration C	ard attac	ched (c	r 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).									
P/	ARENTS WILLING TO CHAPERONE: Tha	ank You!								
	Parent Chaperone Information (back pa	age, filled ou	t comple	tely, si	gned a	nd date	d).			
	☐ IF you already have 2011 USA Swimming membership and/or background screening, please submit copies to the Team Manager ASAP. Otherwise:									
	you are selected to chaperone, you will be vimming non-athlete membership and back	•				_		d).		
	□ ALL FORMS AND CO-PAY CHECK <u>SIGNED AND DATED</u> . (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 19 th , 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

rev. 2011-01-14

USA/PACIFIC SWIMMING, ZONE 1N – ZONE 1S – ZONE 2 – ZONE 3 – <u>ZONE 4</u> 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 <u>lunch</u> through Sunday <u>lunch</u> will be provided.

Date of Birth:

Age on 3/6/11:

Athlete's Full Legal Name:

	USS Registration # (please attach copy of card):						ard):		Phone:	Gender:					
							Ī						M /	F	
	Club or Abbreviation:									<u> </u>	Coach:				
	Parent email contact (best through 3/6/2011)										Optional: athlete email contact				
						**	* A	. C .	LDI	र मह	MENT ***				
											•				
1											2011 Zone 4 All Star Team.				
											ers and chaperones, and the and travel together on Saturd				
											Co-pays of non-selected athl				
after the	e meet. Exc	ept for	unex	pecte	ed circ	cums	tance	es l	beyo	nd tl	he control of the athlete and	family, I t	ınderst	tand that f	failure
to parti											of co-pay and ineligibility for				
conside											wimming eligibility requiren nergency Information, and P				
											2011 USS/Pacific Swimmir				
medica	l insurance	card(s	s) (bo	th si	des!)	(if ar	<u>ry)</u> N	ЙÜ	J ST t	e sı	abmitted, along with a co-pa	y of \$60	payab	le to "Zo	<u>ne 4</u>
<u>Pacific</u>	Swimming ²	<u>"</u> . If a	ny of	thes	e iten	ıs ar	e mi	ssi	ng at	t sel	ection time then I will be r	emoved fi	rom co	onsiderat	ion.
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(Signat	ture of Athl	ete)						(P ₁	rinte	d n	ame of Athlete)		Date:_		
(Digital	tuic of Aun	.cic)						(1)	iiiic	u II	inic of Auncie)				
													Date:_		
(Signat	ture of Pare	nt/Leg	gal G	uard	lian)			(P	rinte	d na	ame of Parent/Legal Guard	lian)			
**** ∆	tention Pa	arent	S' If u	/OU =	re wi	llina	to b	2 م	a Tea	m (Chaperone if selected, plea	se compl	lete th	e last na	ae
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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 a	ınd
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 #:	Phone:	Gender: M / F				
Club or Abbreviation:	Coach:	Coach:				
Best phone contact (February 19-27)	Alternate phone co	ntact (February 19-27				
	ally for the selection pro	y, 100 I.M.				
,	Back, 100 Breast, 100 Fl	• /				
List your times for ALL events to						
50 Free Free Back	Br	_ Fly I.M.				
derstand and agree to the following: Eligibility: to be considered, I will (1) be age 9–1 Pacific Swimming "A" times (adjusted for altitude) will be in my age group as of March 6; (3) never be Challenge Cup, Western Zone Championships, or I	in <u>ANY 3</u> events (not limit fore have been selected to p	ed to the above) for the a participate in the North A				
Selection Process: up to 8 athletes in each age ground altitude-adjusted best times in the All-star events for (11-8-5-3-2-1-0). Any ties will be broken using the	r their age group, using a st	andardized point scoring				
Alternates: will be ranked as part of the same team needed to replace selected swimmers, regardless of have been submitted to the meet host, alternates mu	the swimmer and events be	ing replaced. After tean				
		Date:				
ure of Athlete) (Printed	l name of Athlete)					
		Date:				

(Printed name of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

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	3/6, 2011:
EMEDCENCY CONTACTS (in case the	ahaya aannat ha waashad).
EMERGENCY CONTACTS (in case the	
1. (Name)	(Telephone 3/5 – 3/6, 2011)
2.	(F. 1. 1. 2/5. 2/6.2011)
(Name)	(Telephone $3/5 - 3/6, 2011$)
Physician Name:	Telephone:
Address:	
Medical Insurance Company Name:	
Policy # ID #	Group # Enrollment Code:
` '	are avanable to you)
List ALL Allergies, Medical Conditions,	and current Medications (attach additional sheets if needed):
In the event my child, I hereby consent to any x-ray, examination	, becomes ill or injured and I cannot be reached, on, anesthetic, medical or surgical diagnosis or treatment and
hospital service that may be deemed neces	
	_
(Signature of Parent/Legal Guardian)	Date: 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.
- 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.

			Date:
(Signature of Athlete)		(Printed name of Athlete)	
			Date:
(Signature of Parent/Le	egal Guardian)	(Printed name of Parent/Legal Gua	ardian)
Competition/Location:	Zone All-star Deve	elopmental 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 Cha	pero	ne if se	lected	I?Y€	esNo (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?YesNo (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			
				ZONE-4				
COACHES / MANAGE	ERS /	CHAP	ERON	ES CO	DE OF CONDUCT			
I, the undersigned staff member, agree to partic abide by the standards of conduct outlined below activity site. Any additional guidelines regarding establishment of these guidelines.	w, in a	addition to	those	guideline	s established by the activity director at the			
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	supe	ervise the	e athlet	es at all	times during the activity.			
5. Failure to comply with this Code of	f Cond	duct may	y result	in the fo	llowing:			
a. loss of compensation for the	ne act	ivity						
b. suspension from participat	ting in	future a	activitie	s				
c. reimbursement to Zone 4 P	acific	Swimm	ing for	all costs	incurred on my behalf			
6. The Pacific Swimming Board of Re the staff member of their find		shall wit	hin 30	days det	ermine the penalty and notify			
7. Any disciplinary action may be app Regulations and Article 10 of								
8. All team managers and chaperone Swimming. (<u>If selected</u> , costs background check required will	of any	NEW no	on-athle	te memb				
					Date:			
(Signature)	•			ff Membe	,			
Competition/Location: Zone All-star Develop	menta	al Meet /	<u>Pleasa</u>	nt Hill C	Dates: <u>March 5 – 6, 2011</u>			
DEST CONTACT INTO BEFORE MEET, phonos				0.100	oil			

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