



2017 Pacific Swimming
Zone All-Star Meet, March 4th – 5th in Vallejo, CA

8/U All-Star Athlete Release Form (one form for each 8/U athlete)

My athlete _____ has been selected to represent
(Athlete’s name & age)

Zone _____ at the Zone All-Star Meet in Vallejo on March 5th, 2017.
(Name of zone)

As a parent of an 8/U All-Star athlete at this meet, I _____ understand that I am responsible for
(Full name of parent)
my athlete at all times, except for when he/she is participating in the Saturday afternoon practice in Vallejo, while he/she is swimming at the meet on Sunday, and/or while he/she is participating in the team dinner. During these times ONLY, will my athlete be under supervision of his/her coaches and managers.

I understand that 8/U athletes must be transported by their parents to and from the meet, and if my athlete is participating in the Saturday warm-ups, and the Saturday night dinner Banquet at the Hilton Garden Inn Hotel in Fairfield. I will be responsible for getting my athlete to and from these team events.

I understand that I am responsible for making arrangements and paying for my own and my athlete’s lodging while he/she is attending the Zone All-Star meet.

I will have my athlete at the meet venue (John F. Cunningham Aquatic Complex, 801 Heartwood Ave, Vallejo, CA) on Sunday, March 5th, 2017 by 8:30AM.

I will **CHECK IN** my athlete with the Head Manager of my zone, and not leave my athlete alone before he/she has been checked in. I cannot check in my athlete with a coach or any of the assistant team managers. I understand that Pacific Swimming is only responsible for my athlete or any incidentals when he/she has been signed in properly with the Head Manager. I will **CHECK OUT** my athlete with the Head Manager after Saturday’s practice ends, after team meals, and after the meet is over on Sunday. Pacific Swimming will not reimburse me any of my lodging cost, nor will Pacific Swimming pay for my gasoline to take my athlete to and from the meet. I am responsible for all of my 8/U athlete’s travel expenses.

(Parent/Guardian’s signature) _____ (Date/Time) _____

8/U athletes must Check In/Check Out with Head Manager (parents to sign and note date & time – form stays with Head Manager at all times):

Saturday March 4th Practice: Checked in: _____ Checked out: _____
(Parent signature/date/time) (Parent signature/date/time)

Saturday March 4th Dinner: Checked in: _____ Checked out: _____
(Parent signature/date/time) (Parent signature/date/time)

Sunday March 5th Meet: Checked in: _____ Checked out: _____
(Parent signature/date/time) (Parent signature/date/time)