



PACIFIC  
SWIMMING

## ZONE 4

December 12, 2012

Dear Pacific Swimming Athletes, Parents, and Coaches:

The Pacific Swimming Zone 1N - Zone 1S - Zone 2 - Zone 3 - Zone 4 **All Star Developmental Meet** is being held in Carson City, Nevada, on Sunday, March 3<sup>rd</sup>, 2013 at the Carson City Aquatic Facility. The All Star Teams will travel to Carson City on Saturday, March 2<sup>nd</sup> and will be able to warm-up at the Carson City pool. The teams will all spend the night on Saturday and return home after the meet on Sunday.

The **Zone-4 All Star team** will be comprised of up to eight girls and eight boys each from four age divisions (8-under, 9-10, 11-12, and 13-14). Selection for the team is based on fastest times in All Star events as of January 27<sup>th</sup>, 2013. **Zone-4 minimum eligibility is any three 2012 or 2013 Pacific Swimming "A" times for your age on March 3, 2013.**

Completed applications must be postmarked by January 23, 2013 and mailed to:

**Zone 4 All Stars, c/o Louise Marin, PO Box 16185, South Lake Tahoe, CA 96151.**

**OR** applications may be **HAND DELIVERED TO ZONE ALL-STAR DESK** at the DDST Candy Cane Chiller Meet in Minden December 14-16, **OR** at the CARS Last Chance Meet in Carson City January 18-20.

**Hand-delivered applications must be received by 3:00 pm on Sunday at one of the above meets.**

**Application includes ALL of the following:**

- a. **Letter of Intent**
- b. **Pacific Swimming Honor Code**
- c. **Athlete Privacy Letter**
- d. **Pacific Swimming Family and USAS Home Coach Participation Guide**
- e. **Emergency Contact Information & Medical Releases**
- f. **Medical History/Permission to Treat**
- g. **Copy of USA Swimming Registration card**
- h. **Copy of medical insurance card**
- i. **Co-pay of \$80.00 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 **\$80.00** payable to "**Zone 4 Pacific Swimming**" by the cutoff date of **January 27, 2013** for the swimmer to be eligible for selection.

All swimmers and parents must sign the Letter of Intent, Pacific Swimming Honor Code, Athlete Privacy Letter, Family and USAS Home Coach Participation Guide, and Medical Release forms, and must supply a **copy of the athlete's USA Swimming & medical insurance cards**. A separate co-pay of **\$80.00** is required for each swimmer, payable to **Zone 4 Pacific Swimming** (non-refundable if selected to the team). **Siblings need separate checks**. Any questions please email [louisemarin@charter.net](mailto:louisemarin@charter.net) or call (530) 416-6053.

**Swimmers who have swum at Western Zone Championships, North American Challenge Cup, or the Pacific Coast All Star meet, regardless of age group at the time, are not eligible for this meet.**

Sincerely,

Louise Marin

Zone 4 All Star Team Manager

My swimmer's age on March 3, 2013 \_\_\_\_\_ **Male Female** (circle one)

**SIZES: sweatshirt - S M L XL youth adult T-shirt - S M L XL youth adult )**  
**(circle all appropriate)**

## ZONE 4 PACIFIC SWIMMING Letter of Intent

This Letter of Intent must be **received** no later than 3:00 pm, Sunday, January 27, 2013 to be considered for selection.

Activity: Pacific Swimming Zone All Star Developmental Meet, Carson City, NV, March 2-3, 2013

**This signed Letter of Intent, a signed Honor Code, signed Parent/Coach Guidelines, Pacific LSC Travel Policy, Athlete Privacy letter, a completed Medical Release Form and \$80.00 co-pay made out to "Zone 4 Pacific Swimming" must be on file with the All Star Team Manager no later than January 27, 2013.**

We request the named swimmer be considered for selection to The Zone All-Star Team.

**PLEASE PRINT CLEARLY:**

Swimmer's Full Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
USAS Reg. # \_\_\_\_\_ Sex: **F M**

\_\_\_\_\_  
Parent/Guardian e-mail

\_\_\_\_\_  
Address City Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Father's Work Cell

\_\_\_\_\_  
Mother's Work Cell

\_\_\_\_\_  
Club Coach

\_\_\_\_\_  
Coach's e-mail Coach's phone

### **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 swimmer.

\_\_\_\_\_  
Signature of Swimmer

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

## PACIFIC SWIMMING 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 understand and will comply with the following as approved by the Pacific Board of Directors:  
(athlete/staff member)

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 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.

\*\*\*\*\*  
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 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 USA Swimming Rules and Regulations and Article 10 of the Pacific Swimming Bylaws.

\_\_\_\_\_  
(Printed Name of Athlete) (Signature) Date: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name of Parent or Legal Guardian) (Signature) Date: \_\_\_\_\_

Competition/location: 2013 Pacific Swimming Zone All-Star Meet, Carson City, Nevada, March 2-3, 2013



PACIFIC SWIMMING

### 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 circle 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)

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

Congratulations to you as a major supporter of your swimmer, 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, 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.
- 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 \_\_\_\_\_

# Emergency Information

Swimmer' Name: \_\_\_\_\_

IN CASE OF EMERGENCY, WHOM SHALL WE CONTACT:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE #: ( ) \_\_\_\_\_ WORK #: ( ) \_\_\_\_\_ CELL#: ( ) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Patient ID# \_\_\_\_\_

Phone # of insurance company to obtain authorization for emergency treatment (usually an 800 number):

\_\_\_\_\_

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

## 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.

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

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

## Swimmer 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? (describe) \_\_\_\_\_

Any foods such as egg, milk, chocolate? (describe) \_\_\_\_\_

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

Date of last Tetanus booster? \_\_\_\_\_

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

Cortisone?	yes	no
ACTH?	yes	no
Anticoagulants?	yes	no
Tranquilizers?	yes	no
Hypotensives (high blood pressure medicines?)	yes	no

Has swimmer ever received treatment for (if yes, circle condition) yes    no

Asthma?    Rheumatism?    Rheumatic Fever?

Other physical conditions of which we should be aware? yes    no

LIST: \_\_\_\_\_

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

Pepto Bismol or similar	Yes	No
Advil or Motrin	Yes	No
Tylenol	Yes	No
Tums or similar	Yes	No
Benadryl	Yes	No
Cough Drops	Yes	No

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(Parent/Legal Guardian signature)

(Date)