

2010 PACIFIC SWIMMING ZONE-4 ALL-STAR TEAM APPLICATION CHECKLIST

Please complete **all** of the following **legibly** and submit together with the attached application.
Incomplete applications will not be considered!

- Athlete Name** _____ **Club** _____
- Parent email contact** _____ **Phone** _____
- Athlete T-Shirt Size (circle one):** **S** **M** **L** **XL** **XXL** **(circle one): Youth Adult**
- No previous higher-level all-star competition.** (If athlete has ever been **selected** to compete at the North American Challenge Cup, Western Zone Championships, or Pacific Coast All-star ("Quad") all-star meets, **STOP**, athlete is ineligible for this meet, do not complete application.)
- Athlete Letter of Intent** (filled out completely, signed and dated).
- Copy of 2010 USA/Pacific Swimming Registration Card** attached.
- \$50 Co-pay**, payable to "Zone 4 Pacific Swimming" (will be returned if not selected to compete).
- Athlete Emergency Information** (filled out completely, signed and dated).
- Copy of both sides of medical insurance card(s) if any**, or check here _____ if none.
- Athlete Honor Code** (read and filled out completely, signed and dated).

PARENTS WILLING TO CHAPERONE: Thank You!

- Chaperones Code of Conduct** (back page, filled out completely, signed and dated).
- IF you already have** 2010 USA Swimming membership and/or background screening, **please submit copies** to the Team Manager or Zone Chair (see contacts below) ASAP. **Otherwise:**

IF you are selected to chaperone, you will be provided further information on obtaining USA Swimming non-athlete membership and background screening (costs reimbursed by Zone-4).

- ALL FORMS AND CHECK SIGNED AND DATED.**
- Parent/Athlete submit** completed application to your coach (or directly to a contact below) **ASAP and no later than February 14th, 2010.**
- Coach please submit** applications received ASAP to either of the following:

Louise Marin (Team Manager): 530-541-2330; louisemarin@sbcglobal.net

Jim Morefield (Zone-4 Chair): 775-782-4360, jdmore@charter.net

USA/PACIFIC SWIMMING, ZONE 1N – ZONE 1S – ZONE 2 – ZONE 3 – ZONE 4
ALL-STAR DEVELOPMENTAL MEET

Hosted by Zone 1S – Saturday-Sunday, March 6-7, 2010

***** ZONE-4 ATHLETE LETTER OF INTENT *****

The following forms are used to express an athlete's intent to participate on the 2010 Pacific Swimming **Zone 4** All-Star Team if selected. Completed forms, \$50 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 **Sunday, February 14, 2010**. (Coaches submit to Team Manager or Zone Chair.) Up through that date, best times achieved after submitting this application will automatically be updated and considered in the selection process. Selection will begin February 15, 2010, immediately following the Valentine meet in Minden, 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 Morgan Hill, CA on March 6-7, 2010. The Team will depart for Morgan Hill about 8:30 Saturday morning, practice in Morgan Hill 3:00-4:00 pm, compete Sunday morning, and return Sunday evening. Lodging, transportation, and meals Saturday lunch through Sunday lunch are included. **Athletes who have ever been selected to the North American Challenge Cup, Western Zone Championships, or Pacific Coast All-star ("Quad") all-star teams are NOT eligible for selection to this team.**

Athlete's Name:		Date of Birth:	Age on 3/7/10:
Address:			
USS Registration # (attach copy of card): M M D D Y Y F F F M L L L L		Phone:	Gender: M / F
Club Abbreviation:		Coach:	
<u>Parent email contact</u> (best through 3/7/2010)		<u>Optional: athlete email contact</u>	

Please fill in your best times for the All Star events listed for your age group (as of March 7)

Age Group	Events for your Age Group:
9-10	50 Free, 100 Free, 50 Back, 50 Breast, 50 Fly, 100 I.M.
11-12	50 Free, 100 Free, 100 Back, 100 Breast, 100 Fly, 200 I.M.
13-14	50 Free, 200 Free, 100 Back, 100 Breast, 100 Fly, 200 I.M.

Improved times achieved after submitting this application will be updated automatically if needed.

List your times for ALL events to improve your chances for selection.

<u>50</u> Free	_____ Free	_____ Back	_____ Br	_____ Fly	_____ I.M.
: .	: .	: .	: .	: .	: .

***** AGREEMENT *****

I will participate as a member of the 2010 Zone 4 All Star Team if selected. I agree to abide by all rules and regulations set forth by the coaching staff, the team managers, and the attached Pacific Swimming Code of Conduct. I understand that the team will travel and practice together on Saturday, March 6, 2010 and the meet will be held in Morgan Hill, CA, on Sunday, March 7, 2010.

To be considered for the Team, the attached Patient Medical History and Consent to Emergency Treatment of Minor and Pacific Swimming Honor Code **MUST** be completed and signed, and copies of your **2010 USS/Pacific Swimming Registration card AND medical insurance card(s) (both sides!) (if any) MUST** be submitted, along with a **co-pay of \$50 payable to "Zone 4 Pacific Swimming"**. If any of these items are missing at selection time then you will be removed from consideration.

(Printed name of Athlete) (Signature) Date: _____

(Printed name of Parent/Legal Guardian) (Signature) Date: _____

******Attention Parents:** If you are willing to be a team chaperone, please complete the last page, 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.

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 3/6-3/7, 2010: _____

EMERGENCY CONTACTS (in case the above cannot be reached):

1. _____
(Name) (Telephone 3/6 - 3/7, 2010)

2. _____
(Name) (Telephone 3/6 - 3/7, 2010)

Physician Name: _____ Telephone: _____

Address: _____

Medical Insurance Company Name: _____

Policy # _____ ID # _____ Group # _____ Enrollment Code: _____

(list any and all of the above numbers that are available to you)

Name of Primary Insured Person: _____

List ALL Medical Conditions and current Medications (attach additional sheets if needed):

In the event my child, _____, becomes ill or injured and I cannot be reached, I hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be deemed necessary.

(Printed name of Parent/Legal Guardian) (Signature) Date: _____

