

2010 LONG COURSE ZONE TEAM APPLICATION & RELAY CONSIDERATION FORM

Rockville, MD August 11 - 14, 2010

Name: _____ Age Group _____ Boy/Girl: _____
(first) (middle initial) (Last)

Parent's E-mail Address: _____ Best Phone Number: _____

A.) EVENTS FOR WHICH YOU ARE APPLYING TO SWIM AT ZONES

- Long Course Times only – conversion times are not accepted.
- Must have 2 qualifying individual events.
- Qualification time must be achieved between April 1, 2010 to 2010 LC Age Group Championship
- Time may be from USA sanctioned meet, or USA approved meets, but must be provable by one of two methods below:
 - loaded into CTSWIM FAST (but not “custom time”) or USA Swimming SWIMS database
 - have complete printed result of the meet showing the swimmer’s time
- Time trial, initial distance split time, relay first segment time are acceptable but must be provable as in above.
- Maximum of 6 individual events for meet, 3 per day

EVENT NAME (Dist + Stroke)	BEST TIME	MEET NAME AND DATE (Where time was achieved – for 2010 LC AG Champ, write in LC AGC)	DAY OF ZONE EVENT (W, Th, F, Sa)
	: .		
	: .		
	: .		
	: .		
	: .		
	: .		

B.) EVENTS WHICH YOU WANT TO BE CONSIDERED IF THERE ARE OPENING (MAY NOT HAVE QUAL. TIME):

EVENT NAME (Dist + Stroke)	BEST TIME	MEET (Where time was achieved)	DAY OF ZONE EVENT (W, Th, F, Sa)
	: .		
	: .		
	: .		

_____ I WILL SWIM ANY EVENT I QUALIFY IN.
 I DO NOT WANT TO SWIM EVENTS _____ (i.e. 1500 Free)

C.) RELAY CONSIDERATION TIMES

- NOTE: 10/U relays are swum at the end of preliminary session; all other relays are swum during evening finals.
- Please write down all your best times in each event for relay selection purpose. LC times only.
- Time may include ones from non-USA Sanctioned meets, time trial, split time, and relay lead off segment.
- If all times are in FAST Database, you may substitute this section by attaching FAST Database printout.
- ZONE COACH HAS FULL DESCRETION REGARDING RELAY SWIMMER SELECTION.

EVENT NAME	BEST TIME	MEET (Where time was achieved)
50 Free		
100 Free		
50 Back		
100 Back		
50 Fly		
100 Fly		
50 Breast		
100 Breast		

D.) FOR 10/U SWIMMERS – DAY YOU WILL BE ATTENDING ZONE COMPETITION

	YES	NO	YES – Only if selected for relay
Tuesday (warm-up)			
Wednesday			
Thursday			
Friday			
Saturday			



2010 SC ZONE APPLICATION PROCESSING CHECKLIST

Name: _____ DOB: ____/____/____ Club: _____
(first) (middle initial) (Last) (MM/DD/YY)

Preferred Name with Zone Team (if different from above) _____ Boy/Girl: ____ Age (at meet): _____

Address: _____
(street) (city) (state) (zip)

Home Phone: (____)_____ Work Phone: (____)_____ Parent's Cell Phone: (____)_____

Parent's Name: _____ E-Mail Address: _____

CSI ELIGIBILITY REQUIREMENT & INFORMATION DISTRIBUTION AGREEMENT (initials by parent)

Swimmer above has participated in 2 CSI sanctioned meets in 2010LC season Initial _____

Swimmer above has "full year" registration and not "seasonal" Initial _____

We will check CSI webpage / Zone Team for important updates daily Initial _____

We will attend at least one of two mandatory Zone Team practices and parents meetings Initial _____

I understood optional apparel order is due by Monday August 2, 9:00 AM and link is available on zone team page
..... Initial _____

*****ZONE TABLE USE ONLY (Do not fill in below this line)*****

FORMS (Check off ones that are completed and accepted)

- _____ Application & Relay Consideration Form
- _____ Parent and Swimmer Acceptance and Administration Form
- _____ Rules of Conduct for Connecticut Swimming, Inc.
- _____ CSI Medical Authorization and Release Form

PAYMENT

Team Fee: 11/O: \$700.00 with backpack, \$655.00 without backpack
 10/U: \$235.00 with backpack, \$190.00 without backpack..... \$ _____

Event Fee: \$8.00 for each event x _____ events \$ _____

Optional Silicone Cap: \$15 each cap \$ _____

Total: \$ _____

Payment Method: Check: _____, _____, _____ (write check number)

Credit Card: _____, _____ (write invoice ID number)

EQUIPMENTS (Parent must initial in "Received" box as equipment is accepted and zone table will check "Owe" box if equipment will be handed out later)

Item	Issued	Owe
Backpack (Required for 1 st time CT Zone Team participant)		
Suits (check style and enter size)	Female <input type="checkbox"/>	Size
	Male Jammer <input type="checkbox"/>	
	Male Brief <input type="checkbox"/>	
T-shirts qty. 1 Grey and qty. 1 Blue (enter size) S, M, L, XL	Size	
Shorts (check gender and enter size) Youth L, Adult S, Adult M, Adult L	Girls <input type="checkbox"/>	Size
	Boys <input type="checkbox"/>	
Bag Tag (qty. 1)		
Water Bottle (qty. 1)		
Latex Caps (qty. 2)		
Silicone Caps (Optional - \$15.00 each)	Qty.	

OTHER MEMO

RULES OF CONDUCT FOR CONNECTICUT SWIMMING, INC.

In order to provide a safe, fair and enjoyable environment for the sport of swimming in the State of Connecticut, this statement has been adopted. Each Group Member, Individual Member and non-member parent or volunteer and invited member of the public shall abide by the applicable codes of conduct and ethics, policies, procedures, rules and regulations adopted by United States Swimming, Inc. and Connecticut Swimming, Inc. ("CSI"), including their obligations and responsibilities as set forth in the CSI Bylaws, as amended.

In addition, the following Rules of Conduct apply to all members of CSI, parents, volunteers and invited members of the public while within the Swimming Venue in or out of the State of Connecticut. As used in these Rules, "Swimming Venue" shall include in the broadest sense, the location, the facility and its interior, exterior, furniture, fixtures, systems and other appointments, grounds, parking facilities and other premises adjacent or subordinate thereto used for a swimming meet or any other swimming-related activity. These rules should be reviewed by athletes, parents and other non-member volunteers, officials and coaches so that there is no misunderstanding of the rules.

The CSI Rules of Conduct are:

1. There shall be no possession or use of drugs and other illegal substances of any kind. The use of alcohol or tobacco is prohibited throughout the Swimming Venue.
2. There shall be no willful damage to the Swimming Venue.
3. There shall be no willful damage to the property or person of another party while at the Swimming Venue.
4. There shall be no stealing.
5. There shall be no unsportsman-like, irresponsible or unsafe conduct at the Swimming Venue.
6. There shall be no verbal threats or threatening gestures or insubordinate conduct to officials, marshals, coaches or other meet personnel.
7. There shall be no violation of any posted or announced regulations and rules that pertain to a specific Swimming Venue or activity.
8. There shall be no coaches or officials on the pool deck that do not have current USS Registration Cards. Coaches must also have current certifications in First Aid, CPR and Safety Training. Officials must have a current CSI official's card or that of another LSC.
9. There shall be no one on the pool deck including parents or siblings, unless they are actively participating in the meet as a swimmer, meet volunteer (timer, marshal, etc.) official or a member of a Group Member's coaching staff. No one under age five shall be permitted on the pool deck at any USA/CSI sanctioned meet or sanctioned activity.

Any individual who violates any of the specific CSI rules above or any of the rules, etc. referred to in the first paragraph is subject to ejection from the pool deck or Swimming Venue by the Meet Director, Meet Referee or a marshal acting on the instruction of one of them. Other penalties may apply depending on the nature of the violation. The coach of any individual who is in violation of any of the foregoing rules shall, upon being advised thereof by the Meet Director or Meet Referee attempt to notify the individual's parents and subsequently remove that individual from the pool deck or the Swimming Venue as directed. Individuals and parents are responsible for making total restitution for any and all damages. Group Members shall be liable jointly for acts of their members, coaches, athletes, parents and other personnel which occur after a responsible person for the Group Member is notified of the actions of any of such persons. Actions taken pursuant to this paragraph may be appealed to the CSI Board of Review in accordance with Article Ten of the CSI Bylaws. In addition, athletes, coaches and officials being barred from further participation in a swimming meet may appeal to a Meet Committee if one has been so designated.

We have read the above and agree to abide by the CSI Rules of Conduct:

_____	_____	_____
Swimmer's Signature	Parent's Signature	Date

Street	City	State Zip Phone

CSI MEDICAL AUTHORIZATION AND RELEASE FORM

NAME OF SWIMMER: _____ AGE GROUP: _____

AUTHORIZATION AND RELEASE IN CASE OF EMERGENCY:

I hereby authorize the individuals listed below to act for me, and in my behalf, according to their best judgment in any emergency requiring medical attention to be administered to my child, until such time as I may be contacted. USA Swimming, Inc. (USA-S), Connecticut Swimming, Inc. (CSI), such individuals and anyone relying upon this authorization is hereby released from any liability to me or my child from decisions made by such individuals pursuant to this authorization and release. This release and authorization is effective until revoked by me in a writing delivered to the affected persons. I hereby assume full responsibility for payment of any medical treatment or related services incurred in connection with such emergency. If my child is injured while participating on the Zone Team Trip, I and my child agree to waive any legal claim against USA-S, CSI, the coaches and volunteer personnel accompanying the Zone Team.

GOOD HEALTH REPRESENTATION;

() I represent and agree that my child is in good health and physical condition. I am unaware of any disease or injury that could result in his/her health being jeopardized during swim team activities.

() I have below indicated any special health, medical or physical conditions, including any required medication (and schedule thereof), of my child which should be known by the CSI coaches and chaperones, the doctor, or the nurse. (If your child suffers from a serious or life-threatening illness, please expand on the back of this page.)

Allergies _____

Medical problems _____

Medication(even if swimmer takes on own) _____

IMPORTANT: PARENTS: Please provide specific medication and dosage information to the Zone coordinator prior to leaving for Zones. If swimmer takes own medication we MUST know what medications they are taking and how often.

PLEASE CHECK THE FOLLOWING WHICH APPLIES :

() My child may take Tylenol

() For 11/0 swimmers only: My child has permission to shave. (Swimmer must provide razor.) Yes ___ No ___ It is important that all medical information be given to avoid any possible problems during the trip. **THIS FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN OF THE SWIMMER LISTED ABOVE.**

Signature _____ Date _____

Address _____

Phone: Home _____ Cell _____ Pager _____

Swimmer's Physician: _____ Phone: _____

Swimmers Health Insurance Company(ies) and Policy # _____

If parents will be in the area for the meet, please provide:

Hotel _____ Hotel Phone _____

