

CONNECTICUT SWIMMING, INC.  
LC 2019 ZONE TEAM  
CHAPERONE APPLICATION FORM

If you are interested in being a Zone Team Chaperone, please complete this form and email it to [zones@ctswim.org](mailto:zones@ctswim.org). Please be sure you are available the entire trip (from August 7th – August 12th) before you make this commitment.

**Please make sure to read the Zone Chaperone Guidelines for details of responsibilities.**

Any questions please email Zone Coordinators at: [zones@ctswim.org](mailto:zones@ctswim.org)

**If you are unable to commit to be a chaperone, but will be at the meet with a car, and are willing to help us out, please let us know as we DO NEED local assistance with snacks, etc.**

Specified in USA Swimming Athlete Protection Policy, LSC Zone Team chaperones are required to become a member of USA Swimming, successfully pass USA Swimming's background check and completes the Athlete Protection Test. Upon return from the zone meet travel, CSI will reimburse membership application fees for chaperones that fulfilled duties,.

**PERSONAL INFORMATION:**

NAME:

ADDRESS:

STATE/ZIP CODE:

HOME PHONE:

CELL PHONE:

E-MAIL ADDRESS:

ZONE TEAM APPAREL: (S,M,L,XL,XXL indicate size) T-SHIRT & SWEATSHIRT: \_\_\_\_\_

NAME OF SWIMMER AT ZONES:

AGE GROUP:

**PLEASE CHECK BOTH:**

- ☐ I have read the Chaperone Responsibilities and feel I would be able to perform this important role.
- ☐ I am available for the entire Zones Trip from August 6th through Sunday, August 11th.

***It is parents like you who help the CT Zone Team swim a great Zone meet and represent the Connecticut Swimming. We thank you in advance for your dedication and commitment to these elite swimmers.***