<u>New England Swimming</u> 2009 Long Course Zone Team

EASTERN ZONE ALL STAR SWIM MEET August 12-15, 2009 State College, PA, Penn State

<u>NEW ENGLAND SWIMMING ZONE TEAM:</u> <u>SWIMMER APPLICATION- 11 & OLDER (TEAM TRAVEL) and 10 & UNDER</u>

Please complete and submit to the verification table at the 2009 New England Long Course Championship Meets with fees (*payable to New England Swimming*). The deadline for applications and trip fees for 14 & Under Swimmers will be at the conclusion of New England 14 & Under Championships in Dover NH on Sunday, July 26th and for 15-18 Swimmers and others (including new qualifiers) will be at the New England Open Championship Meet at Harvard on Monday, August 3rd or mail to: Sherry Wingfield, 419 Burts Pit Road, Florence, MA 01062 with fees to be received BEFORE the NE Championship Meets.

Legal first name	Middle initial	Legal last na	ime
Legar mist name	Wildele initial	Logar fast he	une
Age Birthdat	e USA Swir	nming I.D. #	
Address			
City	State	Zip	
(All Zone Team corres)	ess pondence will occur via e-mai	il)	
(All Zone Team corres) Phone ()	ess pondence will occur via e-mai homeClu	il)	cell
(All Zone Team corres) Phone () Coach	pondence will occur via e-mai	il) b affiliation	cell

considered for the New England Zone Team. Please list the times and events for which you have qualified as well as the 50 and 100 meter freestyle times (for relay consideration). ONLY long course meter times will be accepted (no converted short course times will be allowed). For verification, please list the USA Swimming sanctioned meet at which each time was attained. Swimmers are allowed six events total – no more than three per day, not including relays. Event 1_____

Event 2		
Event 3		
Event 4		
Event 5		
Event 6		
50 Free	100 Free	

Emergency Information

Every effort will be made to contact parents in the case of injury or an emergency. In the event that a child's parent or guardian cannot be reached, I give permission to the New England coaches and chaperones to act on behalf of my child to seek medical treatment, and hold harmless the above as well as New England Swimming, Inc.

Signature of Parent or Guardian	Date	
Emergency Contact Name: (1 st) (If different from above) Day Phone:		
Emergency Contact Name: (2 nd)		
Day Phone:	Eve. Phone:	
Name of Insurance Provider:		
Group #: Polic	cy or subscriber #	
Questionnaire:		

1. Are there any special dietary restrictions that we should be aware of?

2. Are there any allergy issues that we should be aware of? If yes, and your child uses medication, please contact your coach to discuss the issue.

3. Are there any other medication issues that the coaches need to be aware of?

4. Are there any underlying medical issues that we should be made aware of?

5. Other concerns? Or special requests?

Waiver of Liability

I hereby release New England Swimming, together with their operators, agents, employees, consultants, and instructors from any and all claims from injury or damage that may be sustained by me or my child during participation in the Eastern Zone Age Group All Star Swimming Competition.

I represent hereby that my child is in good health and capable of participating on the New England Zone Team and will not do anything which will injure himself/herself or others while engaged in the programs. I will hold New England Swimming harmless in connection with his/her participation.

If an accident or injury occurs, I will give New England Swimming or their representatives permission to obtain medical attention and/or required treatment.

Parents Signature_____

__Date _____

Code of Conduct

All swimmers participating on the New England All-Star Zone Team are expected to follow all of the rules and standards set by the coaches and the chaperones on the trip.

 All 11 & Over participants must travel with the group at all times unless he or she has made other arrangements ahead of time that have been approved by the coaches. One is NEVER permitted to travel alone. Please use the buddy system at all times and stay with your assigned trip group.
 All participants are expected to be on time for all team meals, team meetings and departures. Please check in with the chaperones or coaches (10 & Unders) at the assigned times. Failure to do so will result in your immediate return home at the expense of your parents.

3. A signed medical release is on file for the participants with the coaches. Any serious medical condition will be communicated to the parents of the participants as quickly as possible.

4. Please remember that you are representing New England Swimming and you are expected to present the best possible image of the team at all times. Polite courteous behavior will be enforced at all times. 5. There will be a swim vendor and a concessions area away from the pool deck. You are expected to let your chaperone or coach know when you leave the deck to visit these areas and you must travel with a buddy.

6. Once the team has arrived at and entered the pool, no travel team participant is allowed to leave the area until the time of team departure unless accompanied by a coach or chaperone (10 & Unders must be with their parents to leave).

7. No 11 & Over participant is allowed to leave the hotel for any reason other than team departures.

8. At the hotel, no 11 & Over swimmer should be in a room of the opposite sex for any reason.

9. Team travel participants (11 & Over), your chaperone MUST ALWAYS know where you are whether at the pool or at the hotel.

10. Team travel participants (11 & Over), during rest times (from 1:00 p.m. - 4:00 p.m.) swimmers are to be quietly resting and/ or sleeping in their own beds with the doors closed. If swimmers who are not competing in finals wish to socialize, some chaperones will supervise you in a designated area. Absolute quiet must be maintained on our hall so that swimmers competing in finals may get their needed sleep before finals.

11. All team travel participants (11 & Over) are expected to be present at EVERY meal. You are to stay in the meal room with the team until you have been given permission to leave by the coaches. This is our time to share important team information with everyone. Please be respectful and stay with the group.

12. Team travel participants (11 & Over), during non-sleep times at the hotel, all room doors must be propped open so that the chaperones can easily supervise activities in the rooms. Room doors will

only be closed when swimmers are off of the hallway or sleeping in their own beds. At all other times, doors will be propped.

13. All swimmers must wear the New England Team uniform at all times at the pool. Swimmers must wear the team cap, suit, T-shirt, shorts, etc. at all times when at the pool. NO swimmer is allowed to wear any team gear from his or her home club at any time.

14. All team travel participants (11 & Over) are expected to attend ALL sessions of the meet, whether racing or not. All team travel participants (11 & Over) must warm-up at every preliminary session, regardless of session participation and must warm-up at every finals session in which they are participating in an individual or relay event. All swimmers are expected to utilize proper championship meet warm-up and warm-down procedures for each event, show excellent team spirit at all times, and be role models within the LSC for championship meet behavior.

15. All swimmers are expected to follow the requests and rules set forth by the chaperones and coaches, including warm-up procedures and relay order.

16. The consumption or purchase of alcohol, smoking, or chewing tobacco, or use of any other illegal drug or substance of any kind will not be allowed. In addition, any team member found or suspected to be in the presence of others (regardless of team affiliation) partaking in any of the above activities will be subject to the same punishments.

These regulations have been set with your safety in mind. We want you, and future participants, to benefit from this experience in the most positive way. By working together and acting responsibly, every participant is assured a wonderful team event. INFRACTIONS OR VIOLATIONS OF THESE POLICIES WILL RESULT IN A SWIMMER RECEIVING DISCIPLINARY ACTION OR BEING SENT HOME EARLIER THAN SCHEDULED AT THE PARENTS EXPENSE.

I have read the policies outlined above and agree to abide by them

Swimmer's signature _____

I have read the policies and agree with them in their entirety.

Parent's signature

<u>PLEASE NOTE</u>: Swimmers who wish to compete in the Eastern Zone Open Water Swimming Competition may do so at their own expense. New England Swimming will not be responsible for meet entry, staffing or supervision of any kind for this competition.

The deadline for applications and trip fees for 14 & Under Swimmers will be at the conclusion of New England 14 & Under Championships in Dover NH on Sunday, July 26th and for 15-18 Swimmers and others (including new qualifiers) will be at the New England Open Championship Meet at Harvard on Monday, August 3rd. The meet entry deadlines must be adhered to, thus there will be no exceptions to the swimmer application deadlines. Swimmers and parents may NOT enter the meet on their own. Times from New England calendar meets will all be downloaded for entry times, so best times in New England will be used. If times from out of LSC times are used, please indicate so on application.

TRIP FEE payable to New England Swimming; fees include team gear and apparel and more \$450.00 per swimmer (ages 11 and older) traveling with team \$200.00 per swimmer (10 and younger) traveling with parents, team breakfast at 9 am at Atherton

\$200.00 per Swimmer (10 and younger) traveling with parents, team breakfast at 9 am at Atherton Hotel included daily (if 10U parents would like to join team breakfast, include an additional \$50 PP, please)

<u>A 10 and younger swimmer who wishes to travel on the team bus may do so only if accompanied by a parent</u> and if room is available on the bus. An additional fee of \$50.00 per person (\$50.00 for the swimmer plus \$50.00 for the parent) will be applied.