

2009 LONG COURSE ZONE TEAM APPLICATION & RELAY CONSIDERATION FORM

State College, PA August 12 - 15, 2009

THIS FORM MUST BE SUBMITTED TO THE ZONE TABLE AT AGE GROUP CHAMPIONSHIPS AT WESLEYAN NO LATER THAN 7:00 PM ON SUNDAY, 8/2/09 ALONG WITH PAYMENT (CHECK OR ONLINE CC RECEIPT).

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

CSI Membership: (circle one) Full-year or Seasonal Sex: _____ Age (at meet): _____

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

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Email address _____

FEES:

11-18: \$530.00 without backpack or \$570.25 with backpack

10/U: \$205.00 without backpack or \$245.25 with backpack

Additionally for All: \$8 entry fee per event

Aquablade Suit Size _____ For boys; brief or jammer (circle one)?

EVENTS FOR WHICH YOU ARE APPLYING TO SWIM AT ZONES

- Long Course Times only from USA Sanctioned meets- No YMCA or other league times
- Time trial, initial distance split time, relay first segment time are acceptable
- Maximum of 6 individual events for meet, 3 per day

EVENT NAME	BEST TIME	MEET (Where time was achieved)	DAY OF ZONE EVENT (W, Th, F, Sa)

I ALSO WANT TO BE CONSIDERED FOR THE FOLLOWING EVENTS IF THERE ARE OPENINGS...

EVENT NAME	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 _____

RELAY CONSIDERATION TIMES

NOTE: 10/U relays are swum at the end of afternoon 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 non-USA Sanctioned meets.

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		

_____ Paid by Check # _____ Amt \$ _____

_____ Paid by credit card (VISA/MC only). Note: Credit card payments for team and event fees must be made online <http://shop.ctswim.org> by 10:00 PM Sunday August 2, 2009 or swimmer will be removed from the zone team.

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 _____