

**SAN DIEGO-IMPERIAL LSC
USA SWIMMING, INC
1511 Morena Blvd., San Diego, CA 92110
619.275.1292**

2009 USA SWIMMING WESTERN ZONE CHAMPIONSHIPS APPLICATION

Date of Meet: August 4-8, 2009
Location: Veterans Memorial Aquatic Center; VMAC; Waipahu, Oahu Hawaii
Depart Date: Be at the pool by Tuesday, August 4, 2009
Return Date: Meet ends Saturday, August 8, 2009
Head Coach: Sean Redmond (760) 728-9244
1335 Via Del Oro, Fallbrook, CA 92028
email: seanmary@aol.com

Eligibility: All swimmers must have a minimum of two LC qualifying times to be considered for the team. Swimmers with three LC qualifying times will be granted automatic selection. **The Zones Committee reserves the right to limit the team to 52 swimmers.**

Entry deadline: Swimmers must submit a **COMPLETE ZONE PACKET** by **Saturday, July 25, 2009.**

Team Selection:

- In order to apply the swimmer must have at least two (2) long course qualifying times. Times must have been achieved since the 2008 Long Course Junior Olympics through the application deadline.
- Applications will be accepted after March 1, 2009. Applications must be received no later than July 25, 2009.
- Applications must be sent to the SI Office until July 12; after July 12 send directly to the Head Coach.
- Swimmers who make the team automatically will be posted at least monthly to the LSC website. Those swimmers who are pending will also be listed.
- Swimmers with 3 (three) or more long course qualifying times who submit a complete and timely application, will automatically be selected to the team.
- Swimmers submitting an application and achieving at least 2 top 12 times from the 2009 western zones championships will automatically be selected to the team.
- The coaching staff will select the best team from the qualified applicants. The team will be limited to a maximum of 52 swimmers. The coaching staff will enter the swimmers in the events that will be best for the overall team success. Swimmers are required to compete in all entered events, individual and relay
- Selection of the swimmers will be based on the swimmers' times and compared to the placing of the top eight times of 2008 Zone Meet.
- A maximum of four (4) swimmers with disabilities may be selected: two (2) 12/U and two (2) 13-18.
- *Zone Team Swimmers will not be allowed to compete in any **athletic competitions** between July 27 and the start of the Western Zone Championships.*
- There will be a **MANDATORY** team meeting on Wednesday July 29, 2009 at a place to be determined.
- Swimmers may receive a stipend from SI Swimming of up to \$700 after the meet. Swimmers will be required to turn in receipts within 30 days to receive stipend. Swimmers not competing in all events that they are entered, and comply with all SI and Team Rules and Policies will not receive funds.

SWIMMER'S COPY: PAGES 1-7

ZONE STAFF COPY: PAGES 8-12

- Swimmers and parent/guardians are required to read and sign the SI Swimming Code of Conduct. Swimmers must abide by the code at all times, failure to do so will result in discipline action.
- Swimmers, parents, and families are responsible for their own arrangements to and from Hawaii, and their stay in Hawaii. Swimmers must be at the event at the times that the coaches request (including any required warm-up times, all sessions in which any SI swimmer is entered, team meetings, etc). Swimmers must attend ALL sessions of the Zone Meet. Early departure from the Team or late arrival is NOT permitted.
- Swimmers who need to travel with another attending the meet may submit their name(s) to the Head Coach.
- Adults who are interested in being responsible for others swimmer(s) please submit their name to the Head Coach. The Head Coach and SI Swimming are not responsible for arranging, coordinating or conduct of any such arrangements and will function as an information clearinghouse only.
- Prior to departure, the Head Coach must be provided with swimmer's contact information including: lodging (phone number and name) and cell phone number (if available), etc.
- Teams may make arrangements, at their own cost, to send coach (es). If the coach(es) is appointed to the team, their cost will be covered by San Diego Imperial Swimming
- Team Staff, in a funded or un-funded role, they must abide by the SI Swimming Code of Conduct.
- Any swimmer who within the 18 months prior to the start of the meet has participated in one individual event at a USA Swimming Championships as defined in Article 207 of the USA Swimming Rules and Regulations, excluding Disability Championships and Open Water Championships may not compete in that event or the related relay leg. Any swimmer who within the 18 months prior to the start of the meet has participated in two (2) or more individual events at a USA Swimming Championships as defined in Article 207 of the USA Swimming Rules, excluding Disability & Open Water Championships, may not compete in the meet.
- Swimmers must include a copy of all SC & LC BEST TIMES from SWIMS. Swimmers must identify any (LC or SC) USA Swimming Championship times achieved within the 18 months prior to the start of the Zone Meet.

Team Notification & Meeting: All applicants will be notified of team status by 9:00 pm July 27, 2009. **ALL TEAM MEMBERS WILL BE REQUIRED TO ATTEND A MANDATORY MEETING ON WEDNESDAY JULY 29, 2009 AT A PLACE TO BE DETERMINED.**

Each swimmer will be notified by mail the exact time and location.
All swimmers selected for the 2009 SDI Zones Team will agree not to compete in any athletic competition between July 27, 2009 and the beginning of Zones. Violation of this rule will result in dismissal from the team.

Travel Rules: Each swimmer will be responsible for their own transportation to Hawaii, during the meet and their return to San Diego. Swimmers will also be responsible for their food and lodging while in Hawaii.

TEAM UNIFORM: Each team member will receive the following:

- At least 1 team T-shirt
- 1 Team cap
- 1 Team jacket/shirt & 1 Team short

You will have the opportunity to purchase a solid navy Aquablade suit, bag or backpack at a discounted price. Additional items may be purchased at regular price. Paradowski's will host a Zone Team Night at their store in Kearny Mesa on **Wednesday, July 30 from 5:30 – 7:00 pm**

Please respect this opportunity and do not ask for special favors as accurate records must be kept of all sales for Zones.

Swimmers must supply their own solid navy blue team suit or other approved suit for competition and must wear the team uniform at all required times. During workouts and warm-ups other suits may be worn.

LUGGAGE: You may bring 2 pieces of luggage. **The swimmer MUST be able to carry their own bags.** A bag may not weigh more than 50 lb, One bag is to be for your swimming gear only and will be your carry-on bag. Since each day of the competition will be spent at the pool wearing either the team uniform and/or team suit the staff recommends against packing a separate change of clothing for each day.

CODE OF CONDUCT: Each swimmer will be required to sign the San Diego-Imperial Code of Conduct. Swimmers must follow staff instructions at all times as outlined in the Code of Conduct.

GENERAL INFORMATION: Bring extra money (\$60.00) for extra meals and souvenirs. Swimmers are required to sit with the team at all times, when at the meet. Parents will be able to sit with the team, if the area is open to non-athletes and staff, if not there will be spectator seating at the pool.

Saturday evening there will be a swimmers social event at the Hawaiian Water adventure Park. The cost is \$30 per swimmer. For those who are interested in participating in the social please indicate on your application and include a check payable to Hawaiian Swimming

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CODE OF CONDUCT

This code of conduct shall apply to all those representing San Diego-Imperial Swimming.

The following shall be prohibited at all times:

1. Possession of, use of, or knowledge of use of illegal substances by those representing SI Swimming or use in the presence of those representing SI Swimming.
2. Inappropriate or destructive behavior, or knowledge (without immediate reporting) of same.
3. Smoking by athletes (or use of other tobacco products) while representing SI Swimming. Knowledge of use is to be considered use (unless immediately reported).
4. Use by athletes, knowledge of use of, or providing alcohol to or use around swimmers.
5. Use of alcohol by those having direct responsibility for swimmers is also prohibited.
6. Violation by any representative of the laws, regulations, rules, etc is included.

Note: Persons present while any of the above mentioned prohibited activities occur must leave the area immediately and report the situation immediately to the Team Manager, a coach or chaperone or considered to be a participant by choice.

TRAVEL TRIPS

The following are mandatory and the responsibility of the Head Coach or designee:

1. A nightly curfew will be established and enforced.
2. All athletes and individuals representing SI Swimming shall be housed in an appropriate manner.
3. Coaches and athletes must attend all team meetings and/or required functions.
4. The Team Manager/Head Coach shall have in his possession a signed "Consent to Treat" form for all minors on the trip.

Further, all swimmers who have been designated as part of the team representing SI Swimming are to remain as part of that team from the time of departure until reaching the return destination (San Diego County). The swimmers must at all times follow the team staff's instructions as it relates to swimming, lodging, meals, team meetings, social events or any other incidentals or directions that may be given.

A swimmer can only be released by his/her parents prior to completion of Saturday evening events if such release has been requested in writing by the parent and addressed to and received by the Team Manager at least 48 hours prior to the team's departure. If approval for early release is granted by the Team Manager, such approval will be provided to the parent(s) in writing and signed by the Team Manager. Verbal approval will not be given or accepted.

KEEP FOR YOUR RECORDS

WOMEN			MEN	
2008 12 th place	2009 zone cut	AGE/EVENT	2009 Zone Cut	2008 12 th place
	LCM	10 & UNDER	LCM	
32.48	33.29	50 FREE	33.09	33.09
1:12.29	1:12.29	100 FREE	1:12.79	1:12.79
2:36.79	2:39.09	200 FREE	2:38.09	2:38.09
39.39	:39.39	50 BACK	39.49	39.49
1:23.56	1:24.89	100 BACK	1:25.09	1:25.09
43.59	44.29	50 BREAST	44.99	44.32
1:33.39	1:36.69	100 BREAST	1:37.89	1:36.26
35.86	36.79	50 FLY	36.79	36.79
1:24.44	1:25.09	100 FLY	1:24.49	1:24.49
2:57.77	2:58.59	200 IM	2:59.59	2:59.59

2008 12 th place	2009 zone cut	AGE/EVENT	2009 Zone Cut	2008 12 th place
	LCM	11-12	LCM	
29.36	29.39	50 FREE	29.59	29.43
1:04.10	1:04.69	100 FREE	1:04.29	1:04.29
2:19.25	2:20.59	200 FREE	2:19.79	2:18.67
4:54.83	4:56.49	400 FREE	4:55.59	4:52.21
34.42	34.59	50 BACK	34.89	34.78
1:13.68	1:14.19	100 BACK	1:15.09	1:13.67
38.34	38.59	50 BREAST	38.29	38.29
1:22.75	1:24.09	100 BREAST	1:24.49	1:23.96
31.87	32.39	50 FLY	32.49	32.41
1:11.75	1:12.49	100 FLY	1:12.89	1:12.89
2:38.63	2:38.79	200 IM	2:38.99	2:37.44

2008 12 th place	2009 zone cut	AGE/EVENT	2009 Zone Cut	2008 12 th place
	LCM	13-14	LCM	
28.89	28.89	50 FREE	27.29	26.64
1:02.69	1:02.69	100 FREE	58.99	58.24
2:15.09	2:15.09	200 FREE	2:08.09	2:07.71
4:43.99	4:43.99	400 FREE	4:31.99	4:31.76
9:44.71	9:51.69	800 FREE	9:28.49	9:23.93
18:39.14	18:55.69	1500 FREE	18:06.09	17:47.62
1:11.47	1:11.59	100 BACK	1:08.09	1:08.09
2:31.87	2:33.29	200 BACK	2:25.89	2:25.46
1:20.89	1:20.89	100 BREAST	1:15.99	1:14.71
2:54.09	2:54.09	200 BREAST	2:45.39	2:41.62
1:09.59	1:09.59	100 FLY	1:05.19	1:04.11
2:34.04	2:35.49	200 FLY	2:26.99	2:26.99
2:33.99	2:33.99	200 IM	2:25.09	2:25.09
5:19.34	5:25.79	400 IM	5:08.59	5:07.47

2008 12 th place	2009 zone cut	AGE/EVENT	2009 Zone Cut	2008 12 th place
	LCM	15-16	LCM	
28.54	28.99	50 FREE	26.29	26.08
1:02.19	1:02.89	100 FREE	57.49	57.32
2:14.25	2:15.59	200 FREE	2:05.79	2:05.22
4:42.76	4:44.69	400 FREE	4:26.79	4:24.03
9:47.46	9:53.69	800 FREE	9:20.89	9:15.79
18:37.55	19:01.49	1500 FREE	18:03.69	17:37.48
1:11.89	1:11.89	100 BACK	1:06.19	1:05.41
2:33.74	2:34.69	200 BACK	2:23.79	2:21.18
1:19.59	1:19.59	100 BREAST	1:14.39	1:14.39
2:54.52	2:55.99	200 BREAST	2:43.09	2:42.07
1:08.69	1:09.89	100 FLY	1:03.39	1:02.62
2:35.80	2:37.09	200 FLY	2:23.89	2:21.38
2:34.32	2:34.99	200 IM	2:22.39	2:21.39
5:24.23	5:27.39	400 IM	5:04.59	5:00.65

2008 12 th place	2009 zone cut	AGE/EVENT	2009 Zone Cut	2008 12 th place
	LCM	17-18	LCM	
29.57	29.89	50 FREE	26.59	26.59
1:03.59	1:05.09	100 FREE	58.39	58.39
2:21.03	2:21.19	200 FREE	2:07.99	2:07.83
4:56.95	5:00.19	400 FREE	4:35.49	4:35.52
10:22.20	10:26.09	800 FREE	9:38.69	9:38.69
20:18.79	20:18.79	1500 FREE	18:38.59	18:31.82
1:13.98	1:16.69	100 BACK	1:09.19	1:07.77
2:41.09	2:44.79	200 BACK	2:31.29	2:29.40
1:24.91	1:25.99	100 BREAST	1:17.39	1:16.73
3:01.61	3:07.79	200 BREAST	2:51.09	2:49.91
1:12.42	1:13.69	100 FLY	1:04.99	1:03.42
2:51.59	2:51.59	200 FLY	2:33.69	2:26.58
2:39.06	2:40.69	200 IM	2:26.49	2:26.49
5:42.02	5:52.39	400 IM	5:22.09	5:18.52

DAILY EVENT SUMMARY

Age Group	10 and Under	11 and 12	13 and 14 15 and 16 17 and 18
Tuesday		400 Freestyle Relay	1500 Freestyle 400 Freestyle Relay
Wednesday	100 Backstroke 100 Breaststroke 50 Freestyle 200 Medley Relay	100 Backstroke 100 Breaststroke 50 Freestyle 400 Medley Relay	200 Backstroke 200 Breaststroke 50 Freestyle 400 Medley Relay
Thursday	50 Butterfly 200 Individual Medley	400 Freestyle 50 Butterfly 200 Individual Medley	100 Butterfly 200 Freestyle 400 Individual Medley
Friday	100 Butterfly 50 Breaststroke 200 Freestyle	100 Butterfly 50 Breaststroke 200 Freestyle 200 Medley Relay	200 Butterfly 100 Breaststroke 400 Freestyle 200 Medley Relay
Saturday	50 Backstroke 100 Freestyle 200 Freestyle Relay	50 Backstroke 100 Freestyle 200 Freestyle Relay	100 Backstroke 100 Freestyle 200 Individual Medley 800 Freestyle 200 Freestyle Relay

DECLARATION

I have read and understand the Code of Conduct and accept all the rules, regulations and conditions as outlined therein and in the Zone Team information sheets (including this declaration). I further agree to follow all directions as they are given by the Team Staff.

I agree to wear the team uniform during all competition and to supply this suit at my own expense.

I understand that any violation of any part of the Code of Conduct (attached), Staff direction or team information sheets (including this declaration), can result in any or all of the following:

1. Being scratched from any or all remaining events.
2. Being sent home, at once, at either my or my parent's expense.
3. Not being allowed to represent SI on any future team or receive SI team travel funding.
4. All other disciplinary actions as deemed appropriate by the LSC and team staff.

I understand that I have the right to appeal disciplinary actions through the processes established in the USA Swimming and SI codes.

Swimmer Signature

Date

I, the undersigned Parent/Guardian of _____
have read and understand the Code of Conduct, this form and all other team information sheets and have ensured that my son/daughter fully understands the content. I declare that I agree to and support the Code of Conduct, this form and all other team information sheets and all consequences as they relate to non-compliance.

Parent Signature

Date

Contact numbers:

Daytime: _____
Name Relationship Number

Evening: _____
Name Relationship Number

Special diet request: _____

Roommate request: _____

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AUTHORIZATION TO TREAT A MINOR: CONFIDENTIAL FORM

I/we, the undersigned parent(s) or legal guardian of _____, a minor, do hereby authorize San Diego-Imperial Swimming LSC, Inc. to consent to any x-ra examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care rendered under the general or special supervision and upon the advise of a duly licensed physician or dentist. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

Can your athlete administer their own medication, if any is required? Y ___ N ___

Does the Team Mgr. or chaperone staff have your permission to administer prescription or non-prescription medication to your athlete if necessary? Y ___ N ___

For Athletes/ Patient's Protection:

Allergies and sensitivities: Is there a history of skin or other untoward reaction or sickness following injection or oral administration of:

- | | |
|---|--------|
| 1. Penicillin | yes no |
| 2. Morphine, codeine, Demerol or other narcotics? | yes no |
| 3. Novocain or other anesthetics? | yes no |
| 4. Aspirin, emperin or other pain remedies? | yes no |
| 5. Sulfa drugs? | yes no |
| 6. Tetanus, antitoxin or other serums? | yes no |
| 7. Iodine or methiolate? | yes no |
| 8. Cortisone? | yes no |
| 9. ACTH? | yes no |
| 10. Anticoagulants? | yes no |
| 11. Tranquilizers? | yes no |
| 12. Hypotensives (high blood pressure medicines?) | yes no |
| 13. Peanuts/ tree nuts | yes no |
| 14. Has swimmer ever received treatment for (if yes, circle condition) Asthma? Rheumatism? Rheumatic Fever? | |
| 15. Any other drug or medication? (Describe): _____ | |
| 16. Any foods such as egg, milk, chocolate? (Describe): _____ | |
| 17. Allergy to insect bites, bee stings, other? (Describe): _____ | |
| 18. Date of last Tetanus booster? _____ | |
| 19. Other physical conditions of which we should be aware? _____ | |

Emergency Information

Home Address: _____

Father: _____ Phone # Home: _____ Work: _____

Mother: _____ Phone # Home: _____ Work: _____

Other Contact: _____ Phone # Home: _____ Work: _____

Email Addresses: _____

Primary Care Physician: Phone #: _____

Medical Insurance: _____ Policy Number: _____

Dental Insurance: _____ Policy Number: _____

Phone # of insurance company to obtain authorization for emergency treatment (usually an 800 number): _____

Parent /Guardian Name (Print) Signature Date

Please staple a copy of the insurance card to the right hand corner of this page.

CHECK # _____ USA# _____ Age as of 8/4/09 _____ SEX _____

NAME _____ PHONE (____) _____

ADDRESS _____ TEAM _____

City _____ Zip _____

E-Mail _____ Swimmer's Cell # _____

SHORT SIZE _____ T-SHIRT SIZE _____ JACKET SIZE _____ Social _____

PLEASE FILL OUT THIS APPLICATION COMPLETELY. **SUBMIT ALL YOUR BEST TIMES SINCE LONG COURSE JUNIOR OLYMPICS 2008 FOR ALL EVENTS.** EACH SWIMMER WILL BE SWIMMING IN UP TO SIX INDIVIDUAL EVENTS AND ON RELAYS. **WRITE IN TIMES ONLY IF TIMES NOT IN SWIMS.**

↓ NUMBER YOUR EVENTS IN ORDER OF PREFERENCE

EVENT	PREFERENCE	LONG COURSE TIME	SHORT COURSE TIME	DATE	QUALIFYING MEET
50 FREE		CUT: Y N			
100 FREE		CUT: Y N			
200 FREE		CUT: Y N			
4/500 FREE		CUT: Y N			
8/1000 FREE		CUT: Y N			
1650/1500 FR		CUT: Y N			
50 BACK		CUT: Y N			
100 BACK		CUT: Y N			
200 BACK		CUT: Y N			
50 BREAST		CUT: Y N			
100 BREAST		CUT: Y N			
200 BREAST		CUT: Y N			
50 FLY		CUT: Y N			
100 FLY		CUT: Y N			
200 FLY		CUT: Y N			
200 IM		CUT: Y N			
400 IM		CUT: Y N			

2009 CLUB COACH QUESTIONNAIRE REGARDING ZONE PARTICIPANT

1. Does the swimmer require a special type of warm-up for prelims and/or finals?

2. Are there special instructions regarding their races (splits etc)?

3. Are there any special considerations or needs that need to be addressed regarding your swimmer?

4. Has your swimmer been working out the entire 2009 Long Course Season?

Yes No _____
Coaches' signature

If no, please give duration of workouts during the 2009 Long Course Season.

5. _____
Team Coach Signature

CHECK LIST

COPY OF INSURANCE CARD (FRONT AND BACK) STAPLED TO PAGE 9

PRINT OUT OF BEST LC TIMES FROM USA SWIMMING WEBSITE STAPLED TO PAGE 10

PRINT OUT OF BEST SC TIMES FROM USA SWIMMING WEBSITE STAPLED TO PAGE 10

PAGES 8-12 COMPLETED WITH SIGNATURES