2025 WESTERN ZONE CHAMPIONSHIPS TEAM APPLICATION

Date of Meet: August 6-9, 2025

Location: Elk Grove Aquatics Center, 9701 Big Horn Blvd, Elk Grove, CA 95757

Cost: \$1300 for eligible swimmers who choose to travel with the team. The Zone Staff will

select and enter all the swimmers into the meet. 10 and under swimmers will make their own travel arrangements for the swim meet. They will also be responsible for their own lodging, food, and transportation while at the meet. There may be a stipend of up to \$970, for those swimmers who meet all requirements that are set by the LSC and Zone Staff. 11/12 & 13/14 swimmers will have a travel option that <u>must be made at the time of turning in their application</u>. They can either travel and stay with the SI Western Zone team or be responsible for their own travel

arrangements the same as the 10/under swimmers.

Depart Date: Tuesday August 5, 2025, Flying on Southwest Airlines **Return Date:** Sunday August 10, 2025, Flying on Southwest Airlines

Hotel Accommodations:

The team will be staying at: TBA

Head Coach: Kevin Eslinger kliffskpe@gmail.com

Team Manager: Mary Redmond seanmary@aol.com 760-716-7678

Zone Coordinator: Sean Redmond (760)716-7679 cell or (760) 728-9244 Email: seanmary@aol.com

1335 Via Del Oro, Fallbrook, CA 92028

Eligibility: All swimmers must have a minimum of one 2025 Western Zone qualifying times

(national age group AAA) or 10/u and 11/12 boys (AA) in separate events to apply and be considered for the team. Swimmers with six 2025 Western Zone qualifying times, separate events, will be granted automatic selection when they apply. The Zones Coaches/Committee reserves the right to limit the team to a max of 48 swimmers total from all age groups. The intent is to have a max of eight

swimmers per age group per gender

Entry deadline: Swimmers must submit a COMPLETE ZONE PACKET by Friday, July 25,

2025, by the conclusion of the prelims of the SI Age Group Championships to Mary

Redmond in the Admin Office. Updates will be accepted July 27 provided that a

completed application is received by the 25th, by the end of prelims.

Swimmers may mail the application to Mary Redmond, 1335 Via Del Oro.

Fallbrook, CA 92028 but must be received by

Team Selection:

- To apply the swimmer must have at least one (1) 2025 Western Zone qualifying time. Times must have been achieved since the Aug 2, 2024 Western Zone Championships through the application deadline.
- Applications will be accepted after July 1, 2025. Applications must be received no later than July 25, 2025
- Applications may be sent directly to the Zone Coordinator (see address above) and must be received by Monday July 21, 2025 (do not require a signature or receipt).
- Swimmers with 6 (six) or more qualifying times; and who submit a complete and timely application, will automatically be selected to the team.
- The coaching staff will select the best team from the qualified applicants.
- Swimmers with 2-5 cuts will be given priority over swimmers with 1 cut and will be selected by the Zone Coaching staff. The selection will be using the results from the 2024 WZAG; top 8 and top 16: compared to the swimmers submitted best time to select the best team.

- Swimmers with 1 (one) cut may be considered for selection to complete a relay(s). If there are 3 swimmers in an age group: a fourth may be selected. If there are 7 swimmers, an 8th may be selected.
- The coaching staff will enter the swimmers in the events that will be best for the overall team's 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 previous Zone Meet.
- A maximum of four (4) swimmers with disabilities may be selected: two (2) 12/U and two (2) aged 13-14.
- Swimmers not traveling with the team, may receive a stipend from SI Swimming of up to \$970 after the meet. Swimmers not competing in all events that they are entered, and/or not complying with all SI and Team Rules and Policies will not receive funds.
- Swimmers and parent/guardians are required to read and sign the SI Swimming Code of Conduct. Swimmers must always abide by the code, failure to do so will result in disciplinary action.
- Swimmers must attend ALL sessions (regardless of their individual entries), meetings, workouts, etc. as determined by the Head Zone Coach. Early departure from the Team or late arrival is NOT permitted, unless cleared by the Head Coach.
- The LSC has a block of rooms for the swimmers and a separate, but limited, block of rooms for parents and those swimmers who are not traveling with the team. There may be some rooms available after the team is selected. Do not contact the hotel to book in our block of rooms as it could take rooms from the swimmers, contact Sean Redmond to be placed on the list seanmary@aol.com
- Prior to departure, the Meet Manager must be provided with swimmer's contact information including: lodging (phone number and name) and cell phone number (if available) for those not traveling with the team.
- Team Staff, in a funded or unfunded role, must abide by the SI Swimming Code of Conduct.
- Swimmers selected for the 2025 SI Western Zones Team must agree not to compete in any athletic competition between July 28, 2025 and Aug5, 2025.. Violation of this rule may result in dismissal from the team.

Notification: All applicants will be notified of their team status by 9:00 pm, July 27, 2025. **Team Meeting:** All team members will be required to attend a **mandatory meeting** on Saturday,

August 2, 2025. Location and time will be announced.

Travel Rules: All swimmers who travel with the team, must remain part of the team from departure

until the conclusion of the meet. At the conclusion of the meet, a swimmer may be released to his/her parents only if a written request is submitted to the team manager

or head coach at least **48 hours PRIOR to departure from San Diego.** Swimmers who do not travel with the team are responsible for their own arrangements (travel, lodging and supervision, etc.), and must be present for the

entire meet.

Uniform: Team members entered in the Zone Meet will receive the following: Team Shirts

and Team caps. Swimmers must supply their own suit for competition. <u>12/U</u> swimmers may NOT wear a tech suit for competition or warmups. During

workouts and warmups other suits may be worn.

Code of Each swimmer will be required to sign the San Diego-Imperial Code of Conduct.

Conduct: Swimmers must follow staff instructions at all times.

General: Bring extra money (\$200.00) for extra meals and souvenirs. Swimmers are required

to sit with the team at all times, when at the meet. This is a closed pool deck. The team area will only be for the swimmers, coaches and chaperones. Swimmers must carry their athlete pass at all times in the meet area. Spectator fees will be

charged.

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:

- o I will obey all of USA Swimming's rules and code of conduct.
- o I will always respect and show courtesy to my teammates and coaches.
- o I will demonstrate good sportsmanship at all practices and meets.
- o I will attend all tram meetings and training sessions.
- o I will show respect for all facilities and other property.
- o I will refrain from foul language, violence, behavior deemed dishonest, offensive, or illegal.
- Possession of, use of, or knowledge of the use of illegal substances by those representing SI Swimming or use in the presence of those representing SI Swimming.
- o Inappropriate or destructive behavior or knowledge (without immediate reporting) of same.
- Smoking by athletes (or use of other tobacco products) while representing SI Swimming. Knowledge of use is to be considered use (unless immediately reported).
- o Use by athletes, knowledge of use of, or providing alcohol to or use around swimmers.
- o Use of alcohol by those having direct responsibility for swimmers is also prohibited.
- 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 and traveling with the team 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 to his/her parents prior to the completion of all travel 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 the Team Manager grants approval for early release, 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						
2024 8 th place	ce 2025 zone cut		AGE/EVEN	Γ 202	25 zone cut	2024 8 th place			
LCM	YARDS	LCM	10 & UNDER	LCM	YARDS	LCM			
32.76	29.59	33.69	50 FREE	32.99	28.69	32.97			
1:11.83	1:04.99	1:14.49	100 FREE	1:13.19	1:03.79	1:11.21			
2:34.30	2:23.59	2:43.49	200 FREE	2:38.89	2:18.99	2:34.03			
37.87	34.39	39.49	50 BACK	38.99	33.99	38.60			
1:21.64	1:14.49	1:25.59	100 BACK	1:24.09	1:12.49	1:21.98			
43.01	38.89	44.29	50 BREAST	43.59	38.29	43.90			
1:33.80	1:24.69	1:38.09	100 BREAST	1:36.29	1:22.69	1:36.02			
35.17	33.19	37.29	50 FLY	36.59	32.59	35.63			
1:20.77	1:15.99	1:26.39	100 FLY	1:25.09	1:14.59	1:20.73			
2:56.00	2:39.99	3:04.19	200 IM	3:00.79	2:38.39	2:53.91			

2024 8 th place	202	5 zone cut	AGE/EVENT	2025 zone cut		2024 8 th place
LCM	YARDS	LCM	11-12	LCM	YARDS	LCM
29.57	26.99	30.49	50 FREE	29.39	25.79	27.93
1:04.62	58.69	1:07.19	100 FREE	1:04.49	56.19	1:03.19
2:18.78	2:07.69	2:26.49	200 FREE	2:20.79	2:02.59	2:14.98
4:53.22	5:43.29	5:08.69	400/500 FREE	4:59.49	5:29.99	4:51.47
33.62	30.49	35.19	50 BACK	34.29	29.69	33.08
1:14.10	1:06.19	1:16.89	100 BACK	1:14.29	1:02.79	1:10.27
2:40.48	2:20.99	2:43.49	200 BACK	2:39.49	2:15.89	2:35.82
37.58	34.59	39.09	50 BREAST	38.09	33.29	36.57
1:21.78	1:15.09	1:25.89	100 BREAST	1:23.09	1:11.39	1:21.00
2:55.42	2:41.69	3:06.09	200 BREAST	2:59.09	2:34.39	2:58.88
31.22	28.99	32.89	50 FLY	31.99	28.19	29.74
1:10.97	1:05.19	1:14.79	100 FLY	1:11.69	1:02.49	1:08.53
2:57.23	2:24.09	2:45.89	200 FLY	2:40.89	2:18.69	2:45.79
2:38.21	2:24.49	2:45.49	200 IM	2:38.29	2:18.79	2:37.952
5:37.98	5:07.79	5:52.69	400 IM	5:44.09	4:56.29	5:35.91

2024 8th place	202	5 zone cut	AGE/EVENT	Γ	2025 zone cut	2024 8th place
LCM	YARD	LCM	13-14	LCM	YARDS	LCM
28.16	25.59	29.29	50 FREE	26.89	23.49	26.19
1:01.26	55.79	1:03.79	100 FREE	58.99	51.09	57.84
2:16.76	2:00.69	2:17.39	200 FREE	2:08.89	1:51.99	2:05.91
4:44.46	5:23.89	4:49.19	400/500 FREE	4:33.79	5:03.09	4:25.75
9:44.72	11:08.69	10:01.49	800/1000 FREE	9:26.19	10:26.99	9:10.81
18:49.10	18:37.99	19:13.69	1500/1650 FREE	18:07.89	17:35.19	17:35.99
1:09.84	1:00.49	1:10.49	100 BACK	1:05.79	55.99	1:04.56
2:30.89	2:10.69	2:31.89	200 BACK	2:22.79	2:01.59	2:21.07
1:18.60	1:09.69	1:20.39	100 BREAST	1:13.69	1:03.29	1:12.15
2:53.46	2:30.09	2:53.09	200 BREAST	2:39.39	2:17.39	2:40.36
1:07.28	1:00.39	1:08.59	100 FLY	1:03.09	55.39	1:02.01
2:35.08	2:14.49	2:33.79	200 FLY	2:21.19	2:03.19	2:22.99
2:33.51	2:14.99	2:34.89	200 IM	2:23.69	2:04.09	2:21.88
5:27.06	4:47.39	5:28.39	400 IM	5:06.99	4:25.39	5:04.80

Order of Events							
G/B	Age Group	Events Name		Age Group	Events Name		
Wednesday August 6							
1-2*	11-12	400 IM	15-16	10/under	100 back		
3-4	10/under	50 breast	17-18	11-12	100 back		
5-6	11-12	50 breast	19-20	13-14	200 back		
7-8	13-14	100 breast	21-22**	13-14	800 free		
9-10	10/under	200 free	23-24	12/under	200 mixed free relay		
11-12	11-12	100 Free	25-26	14/under	200 mixed free relay		
13-14	13-14	100 free					
G/B	Age Group	Events Name		Age Group	Events Name		
			rsday August 7		· · · · · · · · · · · · · · · · · · ·		
27-28	10/under	100 free	39-40	10/under	200 IM		
29-30	11-12	200 free	41-42	11-12	200 IM		
31-32	13-14	200 free	43-44	13-14	400 IM		
33-34	10/under	50 fly	45-46*	11-12	200 back		
35-36	11-12	50 fly	47-48	10/under	200 free relay		
37-38	13-14	100 fly	49-50	12/under	200 free relay		
			51-52	14/under	200 free relay		
G/B	Age Group	Events Name		Age Group	Events Name		
			ay August 8		1		
53-54*	11-12	200 fly	65-66	13-14	100 back		
55-56	10/under	100 breast	67-68*	11-12	400 free		
57-58	11-12	100 breast	69-70	13-14	400 free		
59-60	13-14	200 breast	71-72	12/under	200 mixed med relay		
61-62	10/under	50 back	73-74	14/under	200 mixed med relay		
63-64	11-12	50 back					
G/B	Age Group	Events Name	G/B	Age Group	Events Name		
			rday August 9				
75-76	13-14	200 IM	87-88	13-14	200 fly		
77-78	10/under	50 free	89-90*	11-12	200 breast		
79-80	11-12	50 free	91-92**	13-14	1500 free		
81-82	13-14	50 free	93-94	10/under	200 med relay		
83-84	10/under	100 fly	95-96	12/under	200 med relay		
85-86	11-12	100 fly	97-98	14/under	200 med relay		

^{*}Timed Finals events with the fastest heat swum in Finals

- o Warm up Times will be announced.
- o Prelims will start at 8:30, finals will start no sooner than two (2) hours after completion of Prelims.
- o Finals will be swum in A/B format consisting of the top 16 qualifying times of each event from prelims.
- o The 11/12 200 backstroke, 200 Butterfly, 200 Breaststroke and 400 IM are timed final events.
- O The 13/14 800 free and 1500 free are timed final events, will be swum fastest to slowest, alternating women and men.
- All relay events will be timed finals and swum at the end of each final session.

USA Swimming defines a Technical Suit as one that has the following components:

Any suit with any bonded or taped seams regardless of its fabric or silhouette:

Any suit with woven fabric extending past the hips.

There may be a meet admission charge for all spectators.

o There may be an after-meet social that will be available for all swimmers and/or their families.

^{**}Timed Finals events swum in prelims fastest to slowest alternating Girls and Boys

Code of Conduct Declaration

I have read and understand the San Diego-Imperial Swimming Code of Conduct and accept all the rules, regulations and conditions as outlined therein (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 competitions 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 Swimming on any future team or receive SI Swimming team travel funding.
- 4. All other disciplinary actions as deemed appropriate by SI Swimming and team staff.

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

Swimmer Signature		Date
have read and understand the Cocensured that my son/daughter full	an of: de of Conduct, this form and all other to ly understands the content. I declare the er team information sheets and all cons	eam information sheets and have nat I agree to and support the Code
Parent Signature		Date
Contact numbers:		
Daytime:		
Name	Relationship	Number
Evening:Name	Relationship	Number
Special diet request/allergies:		
Roommate request:		

Authorization To Treat A Minor

a n x-r the eff tre	we, the undersigned parent(s) or legation, do hereby authorize San Dicay examination, anesthetic, medical general or special supervision and fort shall be made to contact the unatment will not be withheld if the ovisions of section 25.8 of the Civ	ego-Imperical, dental of dupon the ndersigned undersigned	al Swimn or surgica advice of prior to red cd cannot	ning, Inc. or its designated represent all diagnosis or treatment and hosp a duly licensed physician or derendering treatment to the patient, be reached. This authorization is	oital care rend ntist. It is und but that any	lered under derstood that of the above	
		chaperone	staff hav	on, if any is required? YN e your permission to administer pary? YN		or non-	
1.	r Athletes/ Patient's Protection: Allergies and sensitivities: Is there an inistration of:	a history of	skin or oth	er untoward reaction or sickness foll	lowing injection	on or oral	
	Penicillin	Y:	N:	Iodine or methiolate	Y:	N:	
	Morphine, codeine, demerol or other narcotics	Y:	N:	Hypotensives (blood pressure medications	Y:		
	Lidocaine or other anesthetics	Y:	N:	ACTH	Y:	N:	
	Sulfa drugs	Y:	N:	Anticoagulants	Y:	N:	
	Tetanus antitoxin or other serums	Y:	N:	Cortisone	Y:	N:	
	Tranquilizers	Y:	N:				
3. 4. 5. 6. 7.	Allergy to insect bites, bee stings, o	nuts, milk, o ther? (Descr	ribe):	(Describe):			
	nergency Information me Address:						
Fat	her:	Ph	one # Hon	ne: Work:			
	Mother:						
	nail Addresses:						
Pri	mary Care Physician: Phone #:						
Me	edical Insurance:			Policy Number:			
De	ntal Insurance:			Policy Number:			
Pho	one # of insurance company to obtain	authorizatio	n for emei	gency treatment (usually an 800 nur	mber):		
Pai	rent /Guardian Name (Print)		Sig	gnature	Dat	ie	

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

Age as of 8/6/25: Date of Birth:	TEAM:	Check #: Gender:
NAME	PHONE ()	
ADDRESS		
City	Zip	
E-Mail	Swimmer's Cell #	
T-SHIRT SIZE Jacket Size		
Are You Attending After Meet Social?	Family member attending social	1? #
PLEASE FILL OUT THIS APPLICATION CO.	MPLETELY. <u>SUBMIT ALL YOUR E</u>	BEST TIMES SINCE
August 3, 2024 FOR ALL EVENTS. EACH S	SWIMMER WILL BE SWIMMING IN	UP TO SIX INDIVIDUAL
EVENTS AND ON RELAYS. WRITE IN TIME	MES or provide a printout of times.	
UNUMBER YOUR EVENTS IN O	ORDER OF PREFERENCE	

This will help the staff to select your events, once entries have been submitted; changes might not be made.

EVENT	SWIM PREFERENCE	LC Time: Put TIME & X in box if Zone Cut		SC Time: Put TIME & X in box if Zone cut		Date of Swim	MEET in which time was swum: Must be from 8/3/23 – 7/28/24
50 FREE							
100 FREE							
200 FREE							
4/500 FREE							
8/1000 FREE							
1650/1500 FR							
50 BACK							
100 BACK							
200 BACK							
50 BREAST							
100 BREAST							
200 BREAST							
50 FLY							
100 FLY							
200 FLY							
200 IM							
400 IM							

2025 CLUB COACH QUESTIONAIRE 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 2024 Long Course Season? Yes No Coaches' signature
	If no, please give duration of workouts during the 2024 Long Course Season.
5.	
	Team Coach Signature

2025 WESTERN ZONE CHAMPIONSHIPS TEAM APPLICATION

CHECK LIST		
	COPY OF INSURANCE CARD (FI	RONT AND BACK) STAPLED TO PAGE 8
	PRINT OUT OF BEST LC TIMES TO PAGE 9	FROM USA SWIMMING WEBSITE STAPLED
	PRINT OUT OF BEST SC TIMES TO PAGE 9	FROM USA SWIMMING WEBSTIE STAPLED
	PAGES 6-9 COMPLETED WITH S	SIGNATURES. (You keep pages 1-5 and 10)
Primary Contact	Email contact for pre-mo	eet information:
Name	Relationship	Email
Secondary Contact		
Name	Relationship	Email
<u>Swim</u>	mers contact information; and	or parents; while at the meet
Swimmers Name		
Swimmer's cell (if a	available)	
Swimmer/family loo	dging	
Parents cell		

SWIMMER'S COPY: PAGES 1-6 ZONE STAFF COPY: PAGES 7-11