



San Diego Imperial Swimming vs Arizona Swimming 14/U All-Star Dual Meet 2026 TEAM APPLICATION

DATE OF MEET: JANUARY 2-4, 2026

LOCATION: Moon Valley Country Club, 151 W Moon Valley Dr, Phoenix AZ 85023

MEET WARM UP FRIDAY: 3:00 pm

MEET START TIME: 4:00 (this may change)

MEET WARM UP SATURDAY: 7:30 am

MEET START TIME: 8:00 (this may change)

The team will be spending 2 nights in Phoenix.

At the conclusion of the meet on Saturday, the team will take a bus to ASU to watch a dual meet with Grand Canyon. There is a plan to have a meet and greet with the college team.

**MEET INFO/CONTACT: Mary Redmond
760-716-7678**

TEAM STAFF: Head Coach: Krissy Payton

ENTRY DEADLINE: Applications can be hand delivered by noon on Saturday, December 20, 2025, to Mary Redmond at the WAG meet.

Or Applications may be mailed to:

San Diego Imperial Swimming PO Box 1347 Fallbrook CA 92088

Mailed applications must be received by Monday, Dec 15. Do not require signature

TEAM NOTIFICATION & MEETING: The team will be notified on or before December 23, 2025.

Team Selection: The team will be selected using the Hy-Tek scoring system using the events that will be available at the meet. Short course times will be used since January 1, 2025.

The team will be limited to a max of 48 swimmers: 8 for each age group and gender. A swimmer does not have to participate in WAGS to apply.

Cost: 11/over applicants: \$180 Check made payable to SI SWIMMING or cash

10/under applicants: \$80

The All-star staff will select and enter all the swimmers in the meet.

Travel: SI Swimming will be renting a bus for **ALL** swimmers & staff. The bus will meet the swimmers in Fashion Valley on Friday morning @6:30 am.

All 10/u families will be staying in the same hotel as the staff and 11/o athletes. Hotel information will be distributed once the team is selected.

11/O swimmers will be housed in a hotel- 2 persons to a room. 10/U swimmers will be housed with their parents (parents will meet us in Phoenix). 16 rooms have been reserved for the 10/u families –this is the reason for the reduced applicant fee. The rooms have been reserved for the 11/o athletes and the staff.

Each Team Member Receives: 1 Team swim cap and 1 Team T-shirt or sweatshirt

Swimmers must be registered for 2026 before the end of 2025.

Swimmers must be available to compete both days of the dual meet to be considered for the team.
 Swimmers and Staff will be required to sign the San Diego Swimming Code of Conduct.
 Swimmers will be expected to sit with the team during the meet.

All-Star events

Friday		
10-under 200 Medley Relay 500 Free 50 Back 100 Breast 100 Fly 100 Free 100 IM 400 Free Relay	11-12 200 Medley Relay 200 Back 100 Breast 100 Fly 200 Free 400 IM 50 Free 400 Free Relay	13-14 200 Medley Relay 200 Back 100 Breast 100 Fly 200 Free 400 IM 50 Free 400 Free Relay
Saturday		
10-under 200 Free Relay 200 Free 50 Breast 50 Fly 100 Back 200 IM 50 Free 400 Medley Relay	11-12 200 Free Relay 200 Breast 200 Fly 500 Free 100 Back 100 Free 200 IM 400 Medley Relay	13-14 200 Free Relay 200 Breast 200 Fly 100 Back 100 Free 500 Free 200 IM 400 IM

Turn in pages 3-7 with your check or cash. Swimmers not selected for the team and have submitted a check- the check will be shredded.

2026 SAN DIEGO IMPERIAL SWIMMING **ALL-STAR TEAM APPLICATION**

Cash ____ Ck # ____ DOB: ____ AGE AS OF 01/02/26 ____ GENDER: F M (Circle one)

Adult ____ Youth ____ T-SHIRT /SWEATSHIRT SIZE: S M L XL XXL TEAM ____
(Circle one)

Email for all communications: ____ (PRINT)

ATHLETE NAME ____ ATHLETE PHONE ____

PARENT PHONE ____

ADDRESS ____ CITY ____ ZIP CODE ____

PLEASE FILL OUT THIS APPLICATION COMPLETELY. YOU ARE **NOT** REQUIRED TO PARTICIPATE IN WAGS TO APPLY TO PARTICIPATE ON THE ALL STAR TEAM

SUBMIT ALL YOUR BEST TIME FOR ALL EVENTS YOU **DID NOT SWIM AT WAGS 12/19-21/2025**

EACH SWIMMER WILL BE SWIMMING IN UP TO THREE INDIVIDUAL EVENTS AND PARTICIPATE ON TWO RELAYS EACH DAY

EVENT	SC TIME	CHECK IF SWAM EVENT AT WAGS	Location and date of swim
50 FREE			
100 FREE			
200 FREE			
500 FREE			
50 BACK			
100 BACK			
200 BACK			
50 BREAST			
100 BREAST			
200 BREAST			
50 FLY			
100 FLY			
200 FLY			
100 IM			
200 IM			
400 IM			



**SAN DIEGO-IMPERIAL
SWIMMING**

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 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 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

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



**SAN DIEGO-IMPERIAL
SWIMMING**

Code of Conduct

This code of conduct shall apply to all those representing San Diego-Imperial Swimming. All athletes, team staff, and parents of minors are apprised in writing of this Code of Conduct and the USA Swimming Code of Conduct, article 304. A signature on this document constitutes unconditional agreement to comply with the stipulations of both documents.

1. Athletes will display proper respect and sportsmanship toward coaches, officials, administrators, teammates, fellow competitors, and the public at all times.
2. Athletes will follow all directions given them by assigned coaches, chaperons, and non-USA swimming members from SI
3. 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 is prohibited.
4. There will be no inappropriate or destructive behavior or knowledge (without immediate reporting) of same.
5. Smoking by athletes (or use of other tobacco products) while representing SI Swimming. Knowledge of use is to be considered use (unless immediately reported).
6. Athletes and staff will refrain from any illegal or inappropriate behavior that would detract from a positive image of SI or be detrimental to its performance objectives. This behavior covers all social media use (including but not limited to Instagram, Twitter, Snapchat, VSCO, and text).
7. No “deck changes” are permitted. Athletes are expected to use available change facilities.
8. Athletes are reminded that when competing on an SI travel team and attending other meet-related functions, they are representing themselves, their club and SI swimming. Athlete behavior must positively reflect the high standards of SI.
9. Athletes are to refrain from inappropriate physical contact at all activities and events
10. Athletes are to refrain from use of inappropriate language.
11. Use by athletes, knowledge of use of, or providing alcohol to or use around swimmers is prohibited.
12. Use of alcohol by those having direct responsibility for swimmers is also prohibited.
13. 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.

Potential Consequences:

1. Failure to comply with SI Code of Conduct as set forth in this document may result in disciplinary action. Such discipline may include, but may not be limited to:
 - i. Dismissal from the trip and immediate return home at the athlete's expense.
 - ii. Disqualification from one or more events, or all events of competition.
 - iii. Not be able to participate in educational opportunities that are recommended by SI Swimming and USA Swimming
 - iv. Not being allowed to represent SI Swimming on any future team or receive SI Swimming team travel funding.
 - v. Financial penalties as deemed appropriate by SI Swimming and team staff;
 - vi. All other disciplinary actions as deemed appropriate by SI Swimming and team staff.
 - vii. Dismissal from the team; and/or
 - viii. Proceedings for a LSC or USA Swimming National Board of Review.

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 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.

Athlete Signature: _____

Parent Signature: _____



SAN DIEGO-IMPERIAL SWIMMING

Authorization to Treat A Minor

I/we, the undersigned parent(s) or legal guardian of _____, a minor, do hereby authorize San Diego-Imperial Swimming, Inc. or its designated representative to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care rendered under the general or special supervision and upon the advice 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 Manager 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:

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

2. Has

(if

Penicillin	Yes	No	Iodine or methyolate	Yes	No
Morphine, codeine, Demerol or other narcotics	Yes	No	Hypertension (blood pressure medications)	Yes	No
Lidocaine or other anesthetics	Yes	No	ACTH	Yes	No
Sulfa drugs	Yes	No	Anticoagulants	Yes	No
Tetanus antitoxin or other serums	Yes	No	Cortisone	Yes	No
Tranquilizers	Yes	No			

swimmer ever received treatment for yes, circle condition) Asthma? Rheumatism? Rheumatic Fever? other drug or

3. Any medication? (Describe): _____

4. Any food allergies such as egg, peanuts, milk, chocolate? (Describe): _____

5. Allergy to insect bites, bee stings, other? (Describe): _____

6. Date of last Tetanus booster? _____

7. 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): _____