

Applications must be received by the Zone Team Coordinator
for **14/U athletes no later than March 21, 2010**
and for **15-18 year-old athletes by March 14, 2010.**

APPLICANTS ARE STRONGLY ENCOURAGED TO APPLY BEFORE THE DEADLINE
NO LATE APPLICATIONS WILL BE ACCEPTED AFTER THE APPLICABLE DATE

Please PRINT all information neatly and clearly!

_____	Name	_____	Age as of April 1, 2010
_____	Address	_____	M F
_____	Phone	_____	Gender
_____	Email for all Zone Correspondence	_____	Club

Athlete's USA Swimming Registration Number			
NOTE: Application will not be accepted without correct USA Swimming registration Number			

Coach's Name		Coach's Phone	

Swimmers with a Disability: Are you applying to be a member of the PVS Eastern Zone Team under provisions in the meet announcement pertaining to swimmers with a disability (see pages 5-6 of Meet Invitation)

Yes No **If Yes, please complete Page 5**

Athletes must provide times to Zone Coordinator and Webmaster from Non-PVS meets that are not on PVS Zone Top 10 Lists. Event, time, name of meet and location are required. Meet must be sanctioned or swim must have been properly observed. **Deadline to submit requests to add observed swims to the database is Tuesday, March 2, 2010.**

A 13 and over athlete cannot go to the Eastern Zones if he or she has competed in an individual event or qualified for an individual event at any of the following meets: USA Swimming Juniors, USA Swimming Spring Championships (using the 18/U qualifying times), US Open, USA Swimming Nationals, or a Trials Class Meet. A 12 and under athlete may not enter this meet if he or she has participated in an individual event in any of the above meets.

Relay teams will be selected by the Zone Team coaching staff. The position in a relay and/or the strokes swum in medleys will also be determined solely by the coaching staff.

A list of applications will be posted promptly upon receipt. Please wait at least one week before inquiring about the status of any application submitted.

In submitting this application, we understand that a swimmer selected for this team will be representing PVS, and as such will follow all guidelines and codes of conduct established by Potomac Valley Swimming.

_____	Swimmer's Signature	_____	Date
_____	Parent's Signature	_____	Date

Mail completed application to:

Dave Greene, 355 Martins Lane, Rockville, Maryland 20850 or fax to 240-314-8759.
Direct your inquiries regarding team applications to Dave Greene at 240-314-8755 or dgreene@rockvillemd.gov

For PVS Use Only

_____ Date Rec'd _____ Payment Rec'd _____ Code of Conduct Signed _____ Supplemental Info Rec'd _____ Ins Card Rec'd _____ Apparel Order Form Rec'd

**POTOMAC VALLEY SWIMMING
SUPPLEMENTAL REQUEST FOR INFORMATION**

Swimmer information				
Last	First	Middle	Date of Birth	
Parent / Guardian Contact				
Last	First	Middle	Telephone	
			Home	
Address			Work	
			Other	
			Other	
Non-Parent Emergency Contact Information				
Name		Relationship	Telephone	
Medical Insurance Information				
Medical Coverage Provider	Policy #	Group #	Subscriber #	

Permission to dispense:

Aspirin Yes No Tylenol _____ Yes No

Please note that our child is allergic to the following:

List all medications and dosages that your child takes on a daily basis:

I/we acknowledge that our child will be representing PVS, and as such will follow all guidelines and codes of conduct established by Potomac Valley Swimming. We further acknowledge that if our child violates one of the rules of the code of conduct he/she has the right to ask for a hearing before any discipline action is taken.

I, the undersigned parent/guardian, hereby authorize and agree to allow the necessary medical services to be administered to my son/daughter _____, if I cannot be contacted in the event of an emergency. I further agree to be responsible for the payment of emergency services not covered by my insurance.

Signature of Parent

Date

PLEASE INCLUDE COPY OF BOTH FRONT AND BACK OF INSURANCE CARD

POTOMAC VALLEY SWIMMING CODE OF CONDUCT

All PVS competitive programs where athlete, coaches, or parent volunteers are sponsored by, or represents, PVS require them to accept the following Code of Conduct as a condition of participation.

I _____, as a member of PVS, understand that I represent Potomac Valley Swimming and I will do nothing to bring discredit upon PVS or myself. Therefore, I will not;

- Possess, steal, destroy, vandalize, or in any way endanger the safety or property of others.
- Possess or use illegal drugs or controlled substances, including tobacco products.
- Possess or use alcoholic beverages.

I understand that failure to comply with the above will result in immediate dismissal from the team and return home at my or my parent's expense. I further understand that additional sanctions may be imposed after a timely review by the PVS Board of Directors.

If I am participating as an athlete on a PVS team, I also promise to:

- Comply with any team rules, including nightly curfews, established by PVS, the team managers, or the coaching staff.
- Attend all team functions, including meetings, practices, meals, competitions and any other function designed by the team managers and/or coaches unless specifically excused by one of the above.
- Travel with the team unless other specific arrangements are made known and approved by the team manager or head coach.
- Compete in the events chosen by the coaching staff and attend all meet competition sessions as directed by the coaching staff.
- Comply with established uniform requirements.
- Maintain an open door when male and female athletes are in the same room.
- Abide by any additional guidelines established by the team manager or coaching staff to ensure the safety and well-being of team members.
- Act respectfully toward team members, coaches, officials, administrators, other volunteers and fellow athletes.

I understand that failure to comply with the above conditions of the Code will result in disciplinary action which may include, but is not limited to the following (listed in order of severity):

- Termination of participation in non-swimming team activities.
- Termination of participation in one or more swimming events.
- Dismissal from the team and return home at own expense
- Disqualification from future teams.
- Denial of future requests for PVS travel assistance.

I understand that I may appeal any disciplinary action in accordance with the PVS Bylaws.

Athlete/Coach/Parent Volunteer		Date	
Parent or Legal Guardian if under 18		Dat e	

Athlete's Name _____ Phone # _____



Potomac Valley Zone Team

2010 Short Course Order Form

Below is the apparel that PVS will be providing each swimmer:

- 2 PVS Silver Latex Caps
- 2 PVS T-Shirts (Please circle size of shirts below)
- 1 PVS Warm-Up (Please circle size of jacket and pants below)
- 1 PVS Championship Swim Suit (Please circle size of suit below)

TEAM T-SHIRTS:

PVS Short Sleeve T-SHIRT YL S M L XL (CIRCLE ONE SIZE)

PVS Long Sleeve T-SHIRT YL S M L XL (CIRCLE ONE SIZE)

TEAM WARMUPS (Royal Jacket and Pants):

*Screen printed items are not returnable
 ** Warm up sizes are "Men's Cut" for all
 ***Select Adult size Jacket AND Pants below

JACKET YL S M L XL XXL (CIRCLE SIZE)

PANTS YL S M L XL XXL (CIRCLE SIZE)

CHAMPIONSHIP SWIMSUIT:

FEMALE TYR FUSION (AEROBACK) 22 24 26 28 30 32 34 36 38 (CIRCLE SIZE)

MALE TYR FUSION (JAMMER) 22 24 26 28 30 32 34 36 38 (CIRCLE SIZE)

Optional:

PVS Zone Team members are asked not to travel with apparel or equipment that is printed with the logo of their club team. Zone Team backpacks (with the PVS Zone Team logo) are available for purchase for an additional charge of \$40. If you would like to purchase a backpack, please indicate the number of bags below and include your check with this form.

BACK PACK (TYR alliance team backpack in royal) Quantity _____ @\$40.00each
 TOWEL ("PVS ZONE TEAM" printed) Quantity _____ @\$25.00each

FAMILY NAME _____ E-Mail _____

Phone # _____ *Emergency Contact Name & # _____

Payment (If purchasing any optional equipment):

CHECK# _____ Name on Check: _____

MAKE CHECK PAYABLE TO: Potomac Valley Swimming

**** Orders must be turned into PVS by the following dates****

14 and Under Boys and Girls

NO LATER THAN the last night of Finals at the PVS 14 & Under Junior Olympic Championships
Sunday, March 21st at the Scratch Table

15-18 Boys and Girls

NO LATER THAN the last night of Finals at the PVS Short Course Championships
Sunday, March 14th at the Scratch Table

Swimmers with a Disability Entry Form

Sanction # -----

Name: _____ Club _____ LSC _

USA Swimming #: _____ Age first day of the meet

Swimmer email address: _____

Swimmer Phone number:

Name of person completing this form:

E m a i l a d d r e s s :

Phone #:

Please enter events below. Each swimmer is limited to three (3) individual events per day and a total of six (6) events in the Meet. Please indicate the swimmer's preference regarding seeding of their entry for each event. Please note that changing age groups may change the session that the swimmer swims. Changing the distance may affect the day on which the swim occurs. Take these factors into consideration when selecting the seeding procedure for each event listed below. The Meet Referee has the final decision regarding seeding procedures.

Event #	Event Description	Entry Time	Seed With Age Group (same age, same distance)	Seed with Different Distance (same age, different distance)	Seed with Comparable Time (younger age, distance depends on entry time)