

## PVS 2013 Short Course Zone Application

Webster, NY

March 27-29, 2014

All applications are due to the Zone Team Coordinator by the following deadlines:

**15-18 year old athletes: March 9, 2014      14 & U athletes: March 16, 2014**

**Applications will be accepted during the Saturday and Sunday FINALS sessions of PVS Senior Champs and 14 & U JO's.**

**All information must be completed neatly and submitted by the due date, along with a check for \$525 and a self address stamped envelope. If the application is not accepted the check will be returned.**

**\*\* Once accepted, there will be no refunds after March 19\*\***

Please mail completed applications to: Dave Greene, 355 Martins Lane, Rockville, MD 20850

Email questions: [dgreene@rockvillemd.gov](mailto:dgreene@rockvillemd.gov)

Legal First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age(as of March 27): \_\_\_\_\_ Birth date: \_\_\_\_\_

USA Swimming ID: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Club: \_\_\_\_\_ Primary Coach: \_\_\_\_\_

Coach's Email: \_\_\_\_\_

- Athletes must provide times to the Zone Coordinator and Webmaster from any Non-PVS meets that are not on the PVS Zone Top 10 list. Event, time, name of meet and location are required. The meet must be properly sanctioned or sanctioned as an observed meet to qualify. Deadline to submit requests to add out of LSC swims to the database is Tuesday March 4, 2014.
- A 13 & O athlete may not attend the Eastern Zones if he/she has competed in an individual event or qualified for an individual event at any of the following meets: USA Swimming Junior Nationals, USA Swimming Spring Championships (using 18 & U times), US Open, USA Swimming Nationals or a Trials Class meet.
- 12 & U athletes may not enter this meet if he or she has participated in any of the above meets.
- All Relay Teams will be selected by the Zone Team 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.

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

Swimmer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## PVS 2013 Short Course Zone Apparel Order Form

All apparel will be supplied by [Aardvark Swim & Sport](#)

Contact Emily Menard at [Emily.felker@swimhacc.org](mailto:Emily.felker@swimhacc.org) with any questions

Swimmer's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Each Swimmer participating on the 2013 SC Zone Team will receive as part of their outfitting package

- Two Zone Team Caps
- Three Zone Team T-shirts: YL S M L XL (circle one size)
- Warm up Jacket: XXS XS S M L XL XXL (circle one size, see sizing chart below)

	XXS	XS	X	M	L	XL	XXL
Chest Circumference (1" below armhole)	40	42	44	46	48	50	52
Sleeve Length (center back to cuff finish)	33	34	35	36	37	38	39
Center Back Length (neck to bottom finish)	24.5	25.5	26.5	26.5	27.5	27.5	28.5

(please note: all warm up jacket sizes are adult sizes)

### Additional items available to purchase:

- Speedo Backpack - \$59.00 each Quantity \_\_\_\_\_ x \$59 = \_\_\_\_\_
- PVS Zone Towel - \$26.00 each Quantity \_\_\_\_\_ x \$26 = \_\_\_\_\_

Additional Items Total: \_\_\_\_\_

(A separate check, payable to Potomac Valley Swimming is due at the time the order is placed.)

All apparel order forms are due along with the application and by the specified deadlines; 15 & O by Sunday March 9 and 14 & U by Sunday March 16. Late application may be accepted by the discretion of the Zone Team Coordinator; however apparel will not be made available for applications that are turned in after the deadline listed above.

### Swim Suit:

This year the suit (Speedo FSII) will be an optional piece of apparel. Please contact [Aardvark Swim & Sport](#) directly to order a suit. Each athlete will be able to purchase one Speedo suit at a 40% discount. Aardvark will have a list of each athlete on the Zone Team to ensure that only one suit is purchased. Athletes are strongly encouraged to wear a Speedo suit for competition, since they are our team sponsor.

Office use only

Application accepted: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

# PVS 2013 Short Course Zone Application

## Medical and Emergency Contact Information

### Swimmer Information

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

### Non-Parent Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Insurance Information (a copy of both the front and back of the insurance card must be included)

Medical Coverage Provider: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

List all allergies: \_\_\_\_\_

List any medications taken daily: \_\_\_\_\_

List any medical conditions or special concerns: \_\_\_\_\_

Permission to dispense: Aspirin yes no Acetaminophen yes no Ibuprofen yes no

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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/we plan to attend the meet, at our own expense, and will be available in the case of an emergency. Yes No

## Potomac Valley Swimming Code of Conduct

All PVS competitive programs where athletes, 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 destined 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 (list 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Swimmers with a Disability Entry Form

Name: \_\_\_\_\_ Club: \_\_\_\_\_

USA Swimming ID: \_\_\_\_\_ Age first Day of Meet (3/28/13): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please enter the 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 swimmer's 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	Entry Time	Seed w/ Age Group	Seed with Different AG	Seed with Comparable Time