



# Application for PVS Travel Team

## 10<sup>th</sup> Annual National Black Heritage Championship Swim Meet

### May 25 - 27, 2012 in Cary, NC

The Potomac Valley Diversity Committee is pleased to announce their intent to accept applications for swimmers who wish to travel and participate in the 10th Annual National Black Heritage Championship Swim Meet with Team DMV-PV in Cary, NC. Team DMV-PV is comprised of swimmers from diverse backgrounds who are registered with teams in Potomac Valley. The team gives swimmers an opportunity to travel as a combined team under the name DMV-PV. In May 2011 Team DMV-PV won first place in the 9th Annual National Black Heritage Championship Swim Meet sponsored by the North Carolina Aquablazers. We intend to defend our title this year and hope you will join us!

### Trip Information and Logistics

Buses will depart on Friday, May 25, 2012 from Prince George's County, MD and Lorton, VA at 7:00 a.m. and will leave Cary, NC at the conclusion of the final swim session on Sunday, May 27, 2012.

\$350 per swimmer (Single Swimmer Occupancy per room)

\$258 per swimmer (Double Swimmer Occupancy per room)

Each swimmer **MUST** be accompanied by a parent/guardian.

Price Includes roundtrip motor coach transportation between Prince George's County, MD and Cary, NC; 2 nights hotel accommodations and breakfast at Embassy Suites in Cary, NC; Meet entry and swimmer surcharge fees for the weekend; DMV-PV 2012 team t-shirt and swim cap; Refreshments on the bus and on deck daily; Black Heritage swimmer / parent / coach social; and the DMV-PV family cookout.

Swimmers are strongly encouraged to ride the team bus for the duration of the trip.  
Coaches will serve as chaperones on the bus for swimmers.

#### Additional expenses for Parents/ Guardians:

\$50 per parent/family member to ride the bus

\$10 DMV-PV Family Cookout (Friday)

\$10 Team T-Shirt

See Parent section on page 3 to order t-shirt, **RSVP** for the cook-out, & reserve space on the bus.

### Additional Information

Non-refundable deposit of \$150.00 per swimmer needed to secure a spot for the trip.

All checks/money orders should be made out to **ERSC**.

Applications and deposits must be received by the PVS Travel Team Coordinator no later than **Saturday, April 14, 2012**. The trip balance will be due on Saturday, May 5<sup>th</sup>.

***APPLICANTS ARE STRONGLY ENCOURAGED TO APPLY BEFORE THE MARCH DEADLINE.***

***WE HAVE SPACE FOR APPROXIMATELY 60 SWIMMERS.***

***Please PRINT all information neatly and clearly!***

#### **Mail Completed Application to:**

Rhonda Waller, PVS Diversity Committee Travel Team Coordinator  
Mail Payments: DMV-PV c/o Rhonda Waller, 8209 Mandan Court, Greenbelt, MD 20770

*If you have questions contact:*

Travel Coordinator, Rhonda Waller (240) 488-1026 (cell) / email [Rhonda.Waller@gmail.com](mailto:Rhonda.Waller@gmail.com)  
PVS Diversity Committee Chairperson, Miriam Lynch at [miriamlynch@yahoo.com](mailto:miriamlynch@yahoo.com)

For Coordinator 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



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**Saturday, April 14, 2012**

**APPLICANTS ARE STRONGLY ENCOURAGED TO APPLY BEFORE THE DEADLINE AS WE HAVE SPACE FOR APPROXIMATELY 60 SWIMMERS. *Non-refundable deposit of \$150 needed to secure a spot.***

Please ensure checks/money orders are made payable to **ERSC**  
**Please PRINT all information neatly and clearly!**

#### Applicant Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *State* *ZIP Code*

Home Phone: (    ) \_\_\_\_\_ USA Swimming  
 Registration Number: \_\_\_\_\_

Gender  Female  Male

\_\_\_\_\_ *Email for Travel Correspondence*

\_\_\_\_\_ *Swimmers Date of Birth*

\_\_\_\_\_ *PVS Registered Club*

\_\_\_\_\_ *Coaches Name*

\_\_\_\_\_ *Coach's Contact Email and/or Phone*

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.

Swimmers with a Disability: Are you applying to be a member of the PVS Travel Team for the 9<sup>th</sup> National Black Heritage Meet under provisions in the meet announcement pertaining to swimmers with a disability (see pages 5-6 of Meet Invitation) \_\_\_ **No** \_\_\_ **Yes** (If Yes, please complete Page 6)

\_\_\_\_\_ *Swimmer Signature*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Parent Signature*

\_\_\_\_\_ *Date*

**Mail Completed  
 Application and  
 deposit to:**

Rhonda Waller  
 PVS Diversity Committee Travel Team Coordinator  
 8209 Mandan Court  
 Greenbelt, MD 20770

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*Please complete one form for each swimmer*

Swimmer Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Swimmer T-Shirt Order

DMV-PV Travel Team will be providing each swimmer a DMV-PV 2012 T-shirt and Team Swim Cap

Please indicate team T-Shirt size needed:

PVS DMV-PV Short Sleeve T-Shirt       YL       S       M       L       XL (check mark one size)

#### Hotel Accommodations

- Single Room (1 swimmer per room) \$350 per swimmer
  - Shared Room (total of 2 swimmers per room) \$258 per swimmer
- I'd like to share a room with: \_\_\_\_\_.

**Every effort will be made to accommodate shared room requests.**  
**Swimmers must be accompanied by a parent / guardian.**

#### Event Selection

Athletes must provide events they wish to swim and times to the Travel Team Coordinator along with the application. Relay teams will be selected by the PVS Travel Team coaching staff. The position in a relay and/or the strokes swum will be determined by the coaching staff.

Event Name	Entry Time

#### Parent / Family T-Shirt Order, Cookout & Bus RSVP

# Parent / Family T-shirts Needed: \_\_\_\_\_

Sizes Needed (YL, S, M, L, XL, XXL, XXXL): \_\_\_\_\_

Please reserve space at the family cookout for \_\_\_\_\_ additional family members (@\$10 per person)

Please reserve a seat on the bus for \_\_\_\_\_ additional family members. Please note that space will be honored on a first come first serve basis. Fee of \$50 per seat on the bus must be submitted with deposit to hold your spot.

#### Total Funds Attached

Swimmer Deposit: \$150.00 (non-refundable)	\$150.00 (non-refundable)
Parent / Family T-Shirts: _____ @ \$10 each	\$ _____
Family Cookout: _____ @ \$10 each	\$ _____
Seats on the Bus: _____ @ \$50 each	\$ _____

**TOTAL ENCLOSED: \$ \_\_\_\_\_**

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## 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

\_\_\_\_\_  
Date



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## POTOMAC VALLEY SWIMMING

### SUPPLEMENTAL REQUEST FOR INFORMATION

Swimmer Information			
Name:		Date of Birth:	
Parent/Guardian Contact Information			
Name:		Telephone (H):	
Email Address:		Telephone (W):	
Address:		Telephone (C):	
City/State/Zip:		Telephone (other):	
Non-Parent Emergency Contact Information			
Name:		Relationship:	
Telephone (C):		Telephone (other):	
Name:		Relationship:	
Telephone (C):		Telephone (other):	
Medical Insurance Information			
Medical Provider:	Group #	Provider #	Policy#

Permission to dispense:  
 Tylenol \_\_\_\_\_ Yes \_\_\_\_\_ No      Aspirin \_\_\_\_\_ 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

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## 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: \_\_\_\_\_

Email address: \_\_\_\_\_ 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)

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