

**2018 Pacific Northwest Swimming All Star Team**

**Snohomish, WA**

**Athlete’s Application Packet**

**NOTE**: The athletes and their parents are encouraged to work on the application as soon as possible. Don’t wait until the last minute. It will take some time to pull all of the required information together and complete the application. Each item on the **Summary Check-Off Page must be “checked off” and included with the application**. Parents and athletes, sign all of the appropriate and required forms in the designated places.

Please be complete with the requested information. We will have 32 athletes travel with the team and there is simply not enough time at the last minute to “chase” down each athlete’s parents, who did not provide a complete application packet for their athlete. If there is a medical reason that

If you have questions, you can direct them to me.

Best Regards,

Carolyn Ackerley

Age Group Vice Chair

**Applications being mailed to the PNS Office are due by Wednesday December 6th by noon. Application Deadline for ‘in person” submissions: December 10th, 2017 at the start of finals for 14&U Short Course Championships. See Team Selection Criteria for deadline dates for the US Mail and over night delivery deadlines.**

*If you are an outreach athlete, please indicate this here:\_\_\_\_\_\_\_\_*

*Outreach athletes cost for participation: $20.*

*Hand written applications will not be accepted.*

*Please print pages* ***single sided****.*

#### 2018 ALL STAR APPLICATION & MEET INFORMATION PACKAGE

The Pacific Coast All-Star meet is a high quality meet with the top athletes from Oregon Swimming, Pacific Swimming, Southern California Swimming and Pacific Northwest Swimming. This creates a great opportunity for our top 11-12 and 13-14 age swimmers to represent PNS.

1. The trip dates are January 6-7, 2018.
2. The meet will be held in Snohomish, WA.
3. Cost of participation is $150.00 which includes meet entry, team apparel, meals, transportation, and hotel accommodations for 1 night.

**GENERAL TRAVEL & MEET ITINERARY**

1. On Saturday morning the athletes will meet at one of two places to load the bus. Meet at KCAC at 9:20 and depart at 9:30, or Factoria Mall at 10:05 and depart at 10:15 a.m.
2. Accommodations for athletes and staff are reserved at the Hilton Garden Inn in Bothell for Saturday night.
3. Competition will be held at the Snohomish Aquatic Center in Snohomish, WA.

**IMPORTANT INFORMATION FOR COACHES, SWIMMERS, AND FAMILIES**

1. Thirty-Two (32) Swimmers will be chosen: 8 boys & 8 girls in each age group 11-12 & 13-14 (Age as of January 6, 2018). Swimmers must be registered with the PNS, and in good standing with their current team/club.
2. Event Champions at 14&U Short Course Championships for 11-12 year olds (100 free, 100 fly, 100 back, 100 breast, 200 IM, and 500 free) and for 13-14 year olds (100 free, 100 fly, 100 back, 100 breast, 200 IM and 500 free) are automatically qualified.
3. Once slots have been filled with event champions, the remaining slots will be selected from the Hy-Tek Power Points for each swimmer’s top 6 individual All Star meet events swum from October 1, 2016 thru December 10, 2017.
4. If a qualifier declines to attend, then the selection committee will return to the Hy-Tek Power Point list and select the next swimmer. Note: Automatic qualifiers should communicate with the selection committee (Age-Group Vice Chair Carolyn Ackerley) by the end of the meet on Sunday December 10, 2017, if they plan on declining their spot on the All-Star Team.
5. The Head Coach and the Age Group Vice Chair will select the four assistant coaches.
6. For a swimmer to be considered for selection, they must submit: **(1)** a signed Summary Check-Off form, **(2)** a signed Athlete Letter of Intent form, **(3)** a signed Athlete’s Code of Conduct form, **(4)** a signed Authorization to Consent to Emergency Treatment of a Minor form, **(5)** a signed Consent to Travel & Physician’s Agreement form (if required – see Form 6 for details), **(6)** a signed Liability Release & Indemnification form **(7)** a signed Parent/PNS Home Coach Guidelines form **(8)** an Apparel Selection form, **(9)** Picture ID, **(10)** a copy (front and back) of their Medical Insurance Plan card, and **(11)** a check for **$150.00** made out to: **Pacific Northwest Swimming** and given to the Age Group Chair prior to the start of finals at 14&U Short Course Championships on **Sunday,** **December 10, 2017**. The applications can also be mailed. See mailing deadlines for Application Deadlines in the Team Selection Criteria document posted on the PNS website under All Star Meet 2018.
7. The goal is to notify swimmers of their selection by Tuesday, December 12, 2017. Swimmers not selected will have their applications and checks shredded.
8. Required forms are included in this All Star Application package. Contact me through e-mail with any questions you may have.
9. **If there are any known medical issues that could prevent you from participating in the All Star experience completely, including staying with the team and participating in all team activities, please note this below:**

Regards,

Carolyn Ackerley

PNS Age Group Vice-Chairman agegroup@pns.org



**2018 Pacific Northwest All Star Team**

**SUMMARY CHECK-OFF PAGE: (Form # 1)**

Attach This Page As The 1st Page With The Athlete’s Submitted Application

Athlete’s Name**:**Click here to enter text.Age **(as of January 6, 2018):** Click here to enter text.

Application Date**:**Click here to enter a date.Gender**:** Male**:** [ ] Female**:**[ ]

Parent’s Name**:**Click here to enter text.Parent’s Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check Off Each Item:**

[[ ] ] **Form #1 Summary Check-Off Page with all items “checked off”**

[[ ] ] **Form #2 Athlete Letter of Intent**

[[ ] ] **Form #3 Athlete’s Code of Conduct**

[[ ] ] **Form #4 Authorization to Consent to Emergency Treatment of a Minor**

[[ ] ] **Form #5 Consent for Athlete to Travel & Physician’s Agreement Signature (When Required)**

[[ ] ] **Form #6** **Liability Release & Indemnification Form for Minor Travel**

[[ ] ] **Form #7 Parent & PNS Home Coach Participation Guidelines**

[[ ] ] **Form #8 Apparel Order Information & Parent Agreement to help with the meet.**

[[ ] ] **Completed the online registration on the PNS All Stars website.**

[[ ] ] **Picture ID (passport photo, driver license, government issued ID from DOL, school ID)**

[[ ] ] **Medical Plan Card Copy (front and back)**

[[ ] ] **Check made out to PNS**

[[ ] ] **Indication of any known medical issues that may prevent athlete from participating fully with the team**

 **|**

Staple Check Here**:**

Application Deadline: December 10th, at start of finals for 14&U SC Championships.



#### ALL STAR ATHLETE LETTER OF INTENT (Form #2)

Competition: 2018 All Star Meet, Snohomish, WA. January 6-7, 2018

This signed Athlete Letter of Intent, a signed Code of Conduct, a signed Authorization To Consent to Emergency Medical Treatment form, a signed Consent To Travel form, a signed Liability Release & Indemnification form, a signed Parent and PNS Home Coach Guidelines form, an Apparel Selection form, and a check for **$150.00** made out to: **Pacific Northwest Swimming** must be on file with the All-Star Selection Committee at the PNS Short Course Champs. Athletes that are not selected will have their applications and checks shredded. Once selected, athlete payment is non-refundable. An appeal can be made in case of a medical emergency/injury.

Please submit prior to the start of finals on Sunday, December 10, 2018

**I/ we submit the following named swimmer be considered for selection to PNS’s All-Star Team.**

Swimmers Name:Click here to enter text. Birth Date: Click here to enter a date. Age on 1/6/18: Click here to enter text.

Address:Click here to enter text. City:Click here to enter text. Zip: Click here to enter text.

USA Swimming Registration #Click here to enter text. Phone#: Click here to enter text. Sex: [ ]  F M[ ]

Club: Click here to enter text. Coach: Click here to enter text.

Coach’s Phone #: Click here to enter text. Coach’s Email: Click here to enter text.

Parent/Guardian: Click here to enter text. Signature:

Address: Click here to enter text. City: Click here to enter text. Zip:Click here to enter text.

Phone #: Click here to enter text. Email address: Click here to enter text.

Parent Cell Phone #: Click here to enter text. Email address: Click here to enter text.

Athlete Cell Phone #: Click here to enter text.

**8Additional Contact in Case of Emergency**:

Name: Click here to enter text. Relationship: Click here to enter text.

Address: Click here to enter text. City: Click here to enter text. Zip:Click here to enter text.

Phone #: Click here to enter text. Email address: Click here to enter text.

Physician: Click here to enter text. Phone #: Click here to enter text.

Other Instructions: (Health Plan): Click here to enter text.



ALL STAR ATHLETE’S CODE OF CONDUCT (Form #3)

As a member of the 2018 PNS All Star Team, I agree to abide by the rules and regulations of the PNS Staff and Athlete Code of Conduct. I understand and agree that failure to participate may result in our financial liability and obligation to reimburse Pacific Northwest Swimming for expenses incurred on behalf of the athlete.

The Head Coach has final authority regarding any and all disciplinary action during the trip. If any violation of the Code of Conduct is committed, a review committee (Head Coach, Team Manager and All-Star coach of the involved athlete(s) shall promptly investigate the circumstances of the violation and notify the individual(s) involved, and shall conduct an informal hearing on the evidence. This review committee shall then determine what disciplinary action, if any, shall be taken. Violations and disciplinary actions will be reported to PNS and reviewed by the Age Group Vice Chair for any potential additional disciplinary action.

I, (Participating Athlete) Click here to enter text. as a member of USA Swimming and Pacific Northwest Swimming understand and will comply with the following:

1. The possession or use of alcohol, tobacco products, controlled substances, is prohibited throughout the designated duration of the trip. The Team Manager needs to be informed in writing as part of the athlete’s application of all prescription medication, dietary supplements, or other drugs being brought on the trip by individual athletes. (See Form #4)
2. Curfews will be established and adhered to during the trip.
3. Attendance is required at all team functions, which may include, but are not limited to: meetings, practices, exhibitions, meals, press conferences, and competitions unless otherwise excused or instructed by the Head Coach, the Team Manager, the Age Group Vice Chairman, or designated person in charge of the team.
4. The hallway door will be left fully open (so the interior of the room can be viewed from the hallway) when any athletes other than those assigned to occupy the room are in the room. Athletes (if not assigned to that room) need approval from the Head Coach, Team Manager, or person designated by the Head Coach or Team Manager to be in the room of another athlete.
5. Uniform requirements established for the trip will be followed. All athletes will stay in rooms with other athletes, **no swimmer may reside or board with their parents, whether acting as a chaperone or not.**
6. Proper respect, sportsmanship and courtesy towards coaches, officials, administrators, competitors and the public will be displayed at all times.
7. The manner in which one behaves will present a positive image of Pacific Northwest Swimming and will promote an atmosphere to meet the competitive performance objectives for the All Star meet.
8. Additional guidelines may be established as needed to assure the safety and well being of the team members and will be adhered to during the trip.

I understand that failure to comply with the Pacific Northwest Swimming Code of Conduct, as set forth in this document or additions necessary for the safety and well being of the team members may result in disciplinary action, which may include but is not limited to the following:

1. Disqualification from one or more swimming activities.
2. Dismissal from team and return home at my own/parent’s expense.
3. The infraction(s) will be reported to the PNS Board who may take additional disciplinary action including but not limited to disqualification from future PNS sponsored activities.

I may appeal any disciplinary action in accordance with Part Four of USA Swimming Rules and Regulations.

Click here to enter text. Date:

(Printed Name of Athlete) (Signature)

Click here to enter text. Date:

(Printed Name of Parent/ Legal Guardian) (Signature)



**AUTHORIZATION TO CONSENT TO EMERGENCY TREATMENT OF A MINOR (Form #4)**

 (Updated January 22, 2008)

I/we, the undersigned parent(s) or legal guardian of Click here to enter text. , a minor, do hereby authorize Pacific Northwest Swimming as agent for the undersigned to consent to any emergency, x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable, and is to be rendered under the general supervision of any licensed physician and surgeon when parent or guardian cannot be immediately contacted. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the agent to give specific consent to any and all such emergency diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

Can your athlete administer their own medication, if any is required? Y[ ]  N[ ]

List any prescription medication, dietary supplements, or other drugs being brought on this PNS trip:Click here to enter text.

**For Athletes/ Patient's Protection:**

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

1. Penicillin [ ] yes [ ] no
2. Morphine, codeine, Demerol or other narcotics? [ ] yes [ ] no
3. Novocain or other anesthetics? [ ] yes [ ] no
4. Aspirin, emperin or other pain remedies? [ ] yes [ ] no
5. Sulfa drugs? [ ] yes [ ] no
6. Tetanus, antitoxin or other serums? [ ] yes [ ] no
7. Iodine or methiolate? [ ] yes [ ] no
8. Cortisone? [ ] yes [ ] no
9. ACTH? [ ] yes [ ] no
10. Anticoagulants? [ ] yes [ ] no
11. Tranquilizers? [ ] yes [ ] no
12. Hypotensives (high blood pressure medicines?) [ ] yes [ ] no
13. Peanuts/ tree nuts [ ] yes [ ] no
14. Has swimmer ever received treatment for (if yes, circle condition) Asthma?[ ]  Rheumatism?[ ]  Rheumatic Fever?[ ]
15. Any other drug or medication? (Describe): Click here to enter text.
16. Any foods such as egg, milk, chocolate? (Describe): Click here to enter text.
17. Allergy to insect bites, bee stings, other? (Describe): Click here to enter text.
18. Date of last Tetanus booster? Click here to enter text.
19. Drugs including dietary supplements taken within the past 6 months? Click here to enter text.
20. Other physical conditions or special food requirements of which we should be aware? Click here to enter text.

**Emergency Contact Information:**

Home Address: Click here to enter text.

Father: Click here to enter text. Phone # Home: Click here to enter text. Work: Click here to enter text.

Mother: Click here to enter text. Phone # Home: Click here to enter text. Work: Click here to enter text.

Other Contact: Click here to enter text. Phone # Home: Click here to enter text. Work: Click here to enter text.

Email Addresses: Click here to enter text.

Physician: Click here to enter text. Phone #: Click here to enter text.

Medical Insurance: Click here to enter text. Policy Number: Click here to enter text.

Dental Insurance: Click here to enter text. Policy Number: Click here to enter text.

Phone # of insurance company to obtain authorization for emergency treatment (usually an 800 number): Click here to enter text.

Parent’s signature indicates that the above information is accurate and correct for minor child participating in the PNS activity.

Click here to enter text.

Parent /Guardian Name (Print) (Signature) Date

**NOTE: Swimmer needs to bring their Medical Plan Card.**



**2018 ALL STAR TEAM CONSENT TO TRAVEL TO SNOHOMISH, WA AND**

 **PHYSICIAN’S AGREEMENT (IF REQUIRED) FOR ATHLETE TO PARTICIPATE**

**(Form #5)**

(Updated December 1, 2009)

**UNACCOMPANIED MINOR NOTARIZED LETTER OF AUTHORIZATION TO TRAVEL**

We\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AND\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the

(PRINT name of Parent/Guardian #1) (PRINT name of Parent/Guardian #2)

Legal Parents/Guardians of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, give our

(PRINT name of Son/Daughter)

permission for our Son/Daughter to travel to **Snohomish, Washington** on a vacation with **Coaching Staff, Team Manager, and Chaperones for Pacific Northwest Swimming** during the period **January 6-7th, 2018**.

Parent/Guardian #1 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #2 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

**TO BE FILLED OUT BY A NOTARY PUBLIC:**

The above parties signed and sworn before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Month/Day/Year)

**Notary Public Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public in and for the Country

of:\_\_\_\_\_\_\_\_\_\_\_\_\_ and the State of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Notary Seal or Stamp Here**)**

**PHYSICIAN’S AGREEMENT (IF REQUIRED) FOR ATHLETE TO PARTICIPATE IN PNS ALL STAR TRIP**

**NOTE:** **It is required that a physician sign off/authorize the athlete’s participation in a PNS organized swimming trip or activity if either (or both):**

**(1) It is required that they administer their own prescription medication;**

**(2) They have the potential to have any kind of an allergic reaction to any type of medication, food, stings, or other items indicated by a “yes” or noted response for Items # 1 through #20 on Form #4.**

Per PNS policy it is required that under no circumstances should any staff member other than the athlete’s parent or athlete administer medication of any type to an athlete.

The under signed physician agrees that Click here to enter text. (Athlete’s Name) can travel to and participate in the PNS All Star swimming meet and related activities.

Click here to enter text.

 Physician’s Name Physician’s Signature Date



**2018 PACIFIC NORTHWEST SWIMMING ALL STAR TEAM**

##### LIABILITY RELEASE & INDEMNIFICATION FORM FOR MINOR TRAVEL (Form # 6)

(Updated December 1, 2009)

I, the undersigned participant and parent, request voluntary participation for minor to participate in the **PNS All Star Meet** activity starting \_\_**January 6, 2018**\_\_ (date) which begins at **9:20a.m.** (time) and ends on \_\_**January 7, 2018**\_\_(date) after the conclusion of meet activites and transportation to designated bus stops (approx.. 3:30p.m.) (time) sponsored by Pacific Northwest Swimming all of which are hereinafter referred to as the “activity”.

I consent to my/minor’s participation in the activity and traveling to and from USA Swimming events and acknowledge that the minor and I fully understand my/minor’s participation in travel and the event may involve risk of serious injury or death, including losses which may result not only from my/minor’s own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, , the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. This includes all travel to and from the event arranged by PNS Swimming, including but not limited to all transportation being plane, boat, train, charter bus, van, car, airline and/or chartered plane paid either by the participant or travel paid or reimbursed by PNS or USA Swimming. I understand that if I have any risk concerns regarding travel, I should discuss the risks associated with my/minor’s participation with the activity coordinators and event staff, before I sign this document and before travel begins.

**Release – Minor’s Rights:**

In consideration of allowing Minor Participant to participate in this PNS or USA Swimming event, I hereby release and hold harmless PNS and USA Swimming, members of its board of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the “Released Parties”), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in this PNS or USA Swimming event. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 (Print Name of minor) (Signature of minor) (Date)

**Release – Parents’/Guardians’ Rights:**

In consideration of allowing Minor Participant to participate in this PNS or USA Swimming event, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant’s participation in this PNS or USA Swimming event. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in or traveling to and from this PNS or USA Swimming activity. Furthermore, I agree to use my/minor’s personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

(Print Name of Parent/Legal Guardian) (Signature of parent) (Date)

**Indemnification by Parent/Guardian:**

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant’s participation in or traveling to and from this PNS or USA Swimming activity.

Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

(Print Name of Parent/Legal Guardian) (Signature of parent) (Date)



##### PARENT AND PNS HOME COACH PARTICIPATION GUIDELINES

**(Form #7)**

Congratulations to you as a major supporter of your swimmer, who is rightfully proud and excited to be applying for a place on this year’s PNS All Star team. We as the team coaches and managers are looking forward to the coming competition, and are expecting a high level of cooperation and performance from all the athletes on the team, I am sure you share these aspirations.

This is an All-Star team trip, where our first priority is to promote the best interest of the individual athletes in particular and of the team as a whole. This priority includes safety, fairness of competition for all athletes and the personal growth of each individual in contributing to the team. You, as a parent and /or home coach, have already contributed enormously to the success of your athlete. In order to help and encourage you to continue this support while your athlete is with the All Star team, PNS asks that you sign the following guidelines. If you have questions please speak to the Head Coach or Team Manager.

1. Please, if you can, travel to the meet as an official, timer or spectator. Your personal presence and support is important to the team.

2. The athletes are on the trip to perform to the best of their ability and to become a cohesive team. Team functions are designed with this in mind. The schedule must remain flexible; therefore the athletes must stay in the **team-designated** areas, please limit visitation to outside this environment.

3. Arrangements for telephone calls between the athlete and family/coach should be set up ahead of time, initiated by the athlete and limited in length. If you need to get in touch with your athlete please contact a staff member to relay a message.

4. The **“team area”** during competition is restricted to swimmers and staff members. Parents and home coaches may not be involved with the swimmers on the pool deck.

5. Concerns that may arise during the course of the competition need to be referred immediately to the appropriate staff member. They are in place to help the athletes.

6. All athletes will stay in rooms with other athletes, no swimmer may reside or board with their parents, whether acting as a All Star team staff member or not.

I have read and understand the guidelines set for me as a parent/coach.

Click here to enter text. Date:

(Printed Name of Parent/ Legal Guardian) (Signature)

Click here to enter text. Date:

 (Printed Name of Home Coach) (Signature)

##### PICTURE RELEASE

Pacific Northwest Swimming requests your permission to publish pictures from the All Star trip on the PNS website that would potentially include your swimmer.

Permission is granted (check one): YES [ ]  or NO[ ]

Click here to enter text. Date:

 (Printed Name of Parent/ Legal Guardian) (Signature)



**2018 ALL STAR APPAREL SELECTION**

**(Form #8)**

 (Updated December 1, 2009)

**Swimmer Name:** Click here to enter text.

**Team:** Click here to enter text.

**Age:** Click here to enter text.

**Gender: M**[ ]  **F**[ ]

**Pacific Northwest Team Uniform:**

(Team uniform may include the items below. Please check your sizes.)

**T-Shirt** : Adult Small[ ]  Adult Medium[ ]  Adult Large[ ]  Adult X-Large[ ]  Adult 2X-Large[ ]

**Sweatshirt:** Adult Small[ ]  Adult Medium[ ]  Adult Large[ ]  Adult X-Large[ ]  Adult 2X-Large[ ]

Click here to enter text. Date:

(Printed Name of Parent/ Legal Guardian) (Signature of parent)



**WEBSITE REGISTRATION**

In addition to the paper registration required for applying to the team you will also need to do the electronic registration on our new All Stars website. Please take 5-10 minutes to register your athlete on the website prior to the application deadline. This will allow the coaching staff easier access to your best times as we do the meet line-up. If your team uses the Team Unify platform for registration you will be familiar with this process.

The website url is: <http://www.teamunify.com/Home.jsp?_tabid_=0&team=pnpnsast>