

# 2009 PACIFIC NORTHWEST SWIMMING ALL STAR TEAM

## Head Coach Application

(January 10-11, 2008 Federal Way, Washington - KCAC)

**DEADLINE Friday, November 14, 2008**

E-Mail application to the PNS: [office@pns.org](mailto:office@pns.org) or fax to 253-852-0679

or

Bruce Richards, Age Group Vice Chair: [richardshouse@verizon.net](mailto:richardshouse@verizon.net)

Name and team: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Are all 4 (STFSC, CPR, First Aid, Background Check) Certifications Updated? : (Circle one) YES NO

1. The Head Coach for the Pacific Northwest All Star team will be report to the Age Group Vice Chair. Responsibilities include, but are not limited to: Coordinating the coaching staff; selecting athletes for the team; coaching swimmers; preparation of meet entries; communication with the athletes prior to and during the All Star meet; supervision of athletes traveling with the team; supervision of athletes on-site at the aquatic center; ensuring safe practices and adherence to the code of conduct for athletes and assistant coaches. The coaching staff and the Team Manager will serve as the chaperones during the trip.
2. Attach a copy of your Medical Plan Card (front and back) to your application.
3. Apparel Selection: Polo Shirt Size (Circle one) : 2X-Large, X-Large, Large, Medium, Small  
Style (Circle one): Male Female
4. Have you participated on a coaching staff at an All Star meet, Zone meet or LSC Camp before? If so, describe your experience.

5. How many athletes do you anticipate will be representing your team at the All Star Meet?

6. How long and at what level(s) have you been coaching?

7. While it is NOT REQUIRED you may wish to attach a statement on a separate sheet of paper describing any relevant experience or insight that you may have which should be considered with this application.

The selection committee for determining the Assistant Coaches is made up of the All Star Head Coach and the Age Group Vice Chair with agreement of the PNS General Chair. The Assistant coaches will be announced after the selection committee and Head Coach complete the process. Coach applications must be delivered via mail, fax or email to the PNS Office or via e-mail to the Age Group Vice Chair on or before the deadline.

## 2009 PACIFIC NORTHWEST SWIMMING ALL STAR TEAM Staff Honor Code

By signing this form, I am agreeing to participate as a coach for PNS All Star team in Federal Way, Washington on January 10-11, 2009. I agree to abide by the rules and regulations set forth below. I understand and agree that failure to participate may result in my liability and obligation to reimburse Pacific Northwest Swimming for expenses incurred on my behalf.

The Head Coach, at the first team meeting, will review this Honor Code and any additional guidelines regarding conduct. If any violation of the Honor Code is committed, a review committee (*Head Coach, Team Manager, and Age Group Chair (if present)*) shall investigate the circumstances of the violation and notify the individual(s) charged, and shall conduct an informal review 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 Pacific Northwest Swimming.

I, (Staff member) \_\_\_\_\_, am a member of U.S.A. Swimming and Pacific Northwest Swimming and will comply with the following:

1. The possession or use of tobacco products or controlled substances is prohibited throughout the designated duration of the trip.
2. Attendance is required at all team functions, which include, but are not limited to, meetings, practices, exhibitions, press conferences, and competitions unless otherwise excused or instructed by the Head Coach, the Age Group Vice Chair, or designated person in charge of the team.
3. Apparel requirements established for the trip will be followed.
4. Proper respect, sportsmanship and courtesy towards coaches, officials, administrators, competitors and the public will be displayed at all times.
5. The manner in which one behaves will present a positive image of Pacific Northwest Swimming and will provide an atmosphere to meet the competitive performance objectives.
6. 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.
7. I understand that a food, travel, hotel accommodations and designated staff team merchandise are furnished as a part of my participation on the PNS All Star Staff. It is my financial obligation to pay for items not under the aforementioned headings.

I understand that failure to comply with the Pacific Northwest Swimming Honor Code 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. Dismissal from team and return home at my own expense.
2. The infraction(s) will be reported to the PNS Board of Directors 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.

\_\_\_\_\_  
(Printed Name of Staff Member) (Signature) Date: \_\_\_\_\_



# 2009 PACIFIC NORTHWEST SWIMMING ALL STAR TEAM

## Staff Emergency Contact

Staff Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Second Phone #: (\_\_\_\_\_) \_\_\_\_\_

### Contact in Case of Emergency:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Dental Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Phone # of insurance company to obtain authorization for emergency treatment (usually an 800 number):

\_\_\_\_\_

Other Instructions: (Health Plan): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: Bring your Medical Plan Card & 2009 USA Non Athlete membership Card to the All Star Meet**