



**OKLAHOMA
SWIMMING**

OKLAHOMA SWIMMING
2013 CENTRAL ZONE
Diversity & Inclusion All-Star Team

Lincolnshire, IL, June 8 - 9, 2013

APPLICATION
and
INFORMATION PACKET

Sanction #

OKS Diversity and Inclusion All-Star Team application
Lincolnshire, IL
2013 Central Zone Diversity and Inclusion Meet

Swimmer Name: _____ Age: _____ Male/Female

USA Reg. # _____ OK/ Club Team _____

Address: _____ City: _____ Zip: _____

Home Phone _____ **Parent Cell/Work** _____

Athlete Cell #: _____

Athlete Email Address: _____

Parent Names: _____

Parent Email address: _____

Additional Comments concerning your swimmer _____

2013 OKC Diversity & Inclusion All-Star Team Application

Swimmer Name: _____ Age: _____ Male/Female

USA Reg. # _____ OK/ Club Team _____

Please list ALL BEST Times Meters and SCY.

<u>Event</u>	<u>Time</u>	<u>LCM/SCY/SCM</u>
50 Free	_____	_____
100 Free	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A copy of this form to be handed in to Head Coach Kathy Mendez.

Oklahoma Swimming, INC.

Diversity and Inclusion All-Star Team Code of Ethics and Conduct

PURPOSE: The purpose of this code is to promote the best possible team and individual impression at all times, and to acknowledge each person's responsibility as a member of this team. ALL ATHLETES, COACHES, CHAPERONES AND LSC STAFF must have a signed Code of Conduct form. Copies of all signed forms will be kept by the LSC representative while attending the Central Zone Championship meet.

PART 1: Acknowledgement

I, as a member (swimmer, coach, and chaperon) of the Oklahoma Swimming Diversity and Inclusion All-Star Team understand and will comply with the following guidelines as set forth by USA Swimming and Oklahoma Swimming.

PART 2: General Conduct

- A: All participating team members shall abide by this Code of Ethics and Conduct.
- B: The possession or use of alcohol, tobacco products, fireworks or controlled substances by an athlete or staff member of the Oklahoma Swimming Zone team is prohibited throughout the duration of the trip and until the trip has officially disbanded.
- C: Curfews established by the staff will be adhered to each day of the training camp and at the competition.
- D: Team members and staff will attend all functions including all meetings, practices, exhibitions, press conferences, competitions, etc., unless otherwise excused or instructed by the Head Coach.
- E: To insure the propriety of the athletes and to protect the staff, there will be no male athletes in female athletes' rooms and no female athletes in male athlete's rooms. There will be a team room provided for relaxation and recreation whenever possible.
- F: Team members and staff will comply with USA Swimming and Oklahoma Swimming Zone Team uniform requirements. Team T-Shirt & or Jacket will be worn to the awards podium when receiving awards.
- G: Team members and staff will refrain from any illegal or inappropriate behavior (rough house play or fighting, use of disrespectful language, vandalism, destruction of property, non-payment, etc.) that would detract from a positive image of the Oklahoma Swimming Zone Team or would be detrimental to its performance objectives. The proper authorities (police, OKS Board of Review, etc.) will deal with team members and staff. Every effort should be made to avoid guilt by association with such activities.
- H: Team members will display proper respect and sportsmanship toward coaches, officials, administrators, fellow competitors and the public.
- I: Any additional guidelines for the Oklahoma Swimming Diversity & Inclusion All-Star Team will be established by the Head Coach or the Oklahoma Swimming Zone Coordinator Team Director.

PART 3: Implementation

- A: All team and staff are apprised in writing of this policy. Signature of the documentation constitutes unconditional agreement to comply with the Code of Ethics and Conduct of the Oklahoma Swimming Diversity & Inclusion All-Star Team.
- B: An evaluation system will be established to determine if team and staff members have followed all aspects of the policy.
- C: Failure to comply with this Code of Ethics and Conduct may result in disciplinary action under the provisions set forth.

PART 4: Violation of the Code

Such discipline may include by not be limited to:

- A: Scratch from one or more events or all events of competition.
 - B: Dismissal from the Team and immediate return home at his/her own expense.
 - C: Disqualification from future Oklahoma Swimming Team competition.
- Any appeal taken from disciplinary action shall be in accordance with Part Six of the USA Swimming Rules and Regulation.

I hereby agree to abide by the rules of conduct and acknowledge that, should I violate any provision of Part 2, I will be subject to disciplinary actions as set forth in Part 4, including suspension from the team.

Swimmer's signature Swimmer's name, printed Date

Parent/Guardian Signature Parent/Guardian name, printed Date

Parents are urged to keep a copy of the Code of Conduct agreement for their personal records.

Central Zone Diversity & Inclusion Meet

Permission and Release

I hereby give my permission for _____ age _____ to participate/accompany Team Oklahoma to the Central Zone Diversity & Inclusion Meet in Lincolnshire, IL.

I further waive all claims for injury, accident, or liability of any kind for the above-mentioned swimmer, and in case of an accident or injury in any way resulting, directly or indirectly from participation in such program, hold harmless from any liability therefore the Oklahoma Swimming LSC, the meet hosts and facilities, its officers, coaches, chaperones, managers or any other person(s) in any way connected or associated with the program.

Medical Authorization Form

Furthermore, in case of emergency medical attention which may be required, I authorize the Team Oklahoma coaches/managers/chaperones to act for me according to their best judgment and ability.

Parent/Guardian Signature:

_____ Date _____

Insurance Company and Policy # _____

Medical Information

List any medication and dosage the swimmer is now taking: _____

Pre-existing medical conditions: (asthma, epilepsy, etc) _____

Allergies (including medicines): _____

Other pertinent information:

Home physician's name: _____ Phone: _____

In the event of an emergency, I may be contacted at the telephone numbers and addresses listed below:

Parent/Guardian:

_____ Phones: _____

Addresses:

Parents are urged to keep a copy of this page.

OKS All-Star Diversity and Inclusion Information

Current OKS USA Swimming year round athletes with a minimum of a DII time standard (excludes events without time standard 25's, and the 15 & over 100 IM) are eligible to apply.

The trip will include round trip bus transportation from Oklahoma City and possibly one additional site, meals, snacks, and entry fees. All participants must travel and stay with the OKS team.

June 7 depart OKC 7:00am(exact time TBD)
June 10 arrive OKC 4:00am (exact time TBD)

Application deadline 2:00pm CST May 20, 2013

Team announced May 21, 2013

Cost per swimmer:

AA or above time	\$100
A time	\$200
DII time	\$300
Outreach	\$0

Please direct all questions to Kathy Mendez, OKS Diversity Chair, okswim@hotmail.com or (405)365-5776