



**NEW JERSEY
SWIMMING**

**NJ Swimming Long Course 2018 Zone Application
Entry Deadline – JULY 15TH
Fee \$85.00 Mail to NJ Swim Office**

**EASTERN ZONE LONG COURSE AGE GROUP CHAMPIONSHIP
Hosted by Poseidon Swimming & Virginia Swimming
AUGUST 7-10, 2019**

Where: Collegiate School Aquatics Center, 5050 Ridgedale Parkway, Richmond, VA 23234.

Application deadline: **Monday July 15th** must be in our office by this date

What to do?

1. Submit your application/code of conduct/medical form with \$85.00 fee (per swimmer) to NJ Swimming Office
2. Once NJS Office receives the application & fee(s) the swimmer(s) will be verified to see if they qualify to attend then
3. Parent will receive email / verify your email create your password – sign into website
4. Enter the events for each swimmer
5. All accounts on the NJ swimming zone website will only be activated once the athlete application and fee are in our office
6. Make your hotel reservation
7. Order equipment – each swimmer must have (2) t-shirts, (2) caps and (1) suit

Eligibility

- All eligible swimmers must achieve the Long Course Zone Qualifying Time for each event the swimmer enters, not including relay only times. **No converted times allowed.** A swimmer may submit an application without having achieved the Qualifying Time with the understanding that the application will only be accepted if there are one or fewer qualified entrants to represent New Jersey. Applicants will be selected to fill vacant slots in order of verifiable entry time, fastest applicant first.
- To be eligible, you must be a NJ Swimming registered swimmer and have participated in individual events in a **minimum of two NJ sanctioned swim meets in the current Long Course season (May 1 to Long Course Junior Olympics)**, In addition, any 13 & Older swimmer who has achieved a USA Swimming Junior National, USA Swimming Spring championships (using the 18/U qualifying times), US Open, USA Swimming Nationals, or a Trial Class Meet qualifying time in an individual event is not eligible to compete at zones. Any swimmer 12 & younger who has achieved a qualifying time for one of the above listed meets but has not completed at any of those meets, may still participate at zones. Note- Sectional swimmers can apply and compete.
- Outreach Funding – to be eligible you must have been registered for 2019 as an Outreach athlete.
- **COST:** \$85.00 application fee, (which must accompany your application). All fees are due and payable to: **NEW JERSEY SWIMMING, INC 1933 Rt 35 Ste 105 PMB 349, Wall, NJ 07719**
- An adult must accompany a swimmer during the entire meet. Additional rules will be explained upon qualifying for the team.
- All athletes must purchase (2) t-shirts, (1) one team suit and (2) two caps – all equipment is purchased directly from Metro Swimming **TBA**

DISTRIBUTION OPTIONS FOR EQUIPMENT: TBA:



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Please fill out completely & legibly

Request Outreach Funding

Swimmers Full Name: _____ Birth date: _____

Street Address: _____ Male Female

City: _____ St: ___ Zip: _____ Age (as of 08/07/2019) _____

All necessary phone numbers: Cell _____

E-Mail: _____

Parent/Guardian Name: _____

Emergency Contact: _____

Phone: _____

USA TEAM _____

USA Coach _____

List the two sanctioned New Jersey Sanctioned Meets you have been a participant in within the current Long Course season

1. _____

2. _____

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Name _____ Age Group _____

New Jersey Swimming Zone Team Code of Conduct

As a member of the Long Course New Jersey Zone Team I agree to the following:

- 1. I will attend all team meeting and functions to the best of my ability
2. I will observe the reasonable curfew set for me
3. I will wear the appropriate team uniforms
4. I will conform to all team rules and procedures as announced by team staff.
5. I will compete in ALL events to my best ability.
6. I will be a good representative of New Jersey Swimming

As a member of the Long Course New Jersey Swimming Zone Team, I am aware that the following are PROHIBITED:

- 1. Use of alcoholic beverages.
2. Possession or use of illegal drugs.
3. Use or possession of tobacco products.
4. Inappropriate or destructive behavior.

Persons present while any of the prohibitive activities occur must leave immediately or be considered a participant. You must immediately contact your chaperone or any New Jersey Swimming Staff and notify them of the prohibitive behavior.

Conduct: New Jersey Swimming athletes are guests of Richmond, VA and surrounding area. Proper conduct is expected at all times. This includes the pool, the hotel, restaurants, and all places that New Jersey Swimmers might frequent. Misconduct includes, but is not limited to violations of safety guidelines, disrespect to meet management and officials, Jersey swimming staff, and fellow athletes. Theft, vandalism, possession of stolen property or possession of controlled substances is prohibited. ANY SWIMMER VIOLATING TEAM RULES OR CONDUCT RULES WILL BE SCRATCHED AND BARRED FROM THE REST OF COMPETITION, and POSSIBLY FUTURE COMPETITION. SWIMMERS VIOLATING THE CODE OF CONDUCT MAY BE RECOMMENDED FOR DISCIPLINARY ACTION OR ANY COMBINATION OF THE ABOVE.

I have read the CODE OF CONDUCT and rules above, and accept the conditions as outlined:

(Athlete's signature)

(Parent/Guardian Signature)



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Medical Release Form

Swimmer's Name _____ Date _____

Male Female Age Group _____

Emergency Contact: _____ Phone: _____

Health Insurance Company (name, policy & phone numbers): _____

The chaperones, coaches and manger of *New Jersey Swimming* may act in my behalf in the event of an accident to my child. I expect that I will be contacted, but if I cannot be reached, these individuals may take such actions as is deemed necessary in line with medical advice.

_____ I am indicating here any special medical problems, including any required medication(s) of my child, which should be made known to the doctor or nurse.

_____ I am indicating here any special food allergies, requirements for my child, which should be known:

_____ My child has no medical problems that you need to be aware of

_____ My child has no food allergies/requirements that you need to be aware of

It is important that all medical information be given to avoid problems of this type during the Trip. THIS FORM IS NOT VALID UNLESS IT IS SIGNED BY A PARENT OR GUARDIAN OF THE SWIMMER LISTED ABOVE. This form must be signed and properly filled out before the swimmer departs on the trip.

(date)

(signature of Parent/Guardian)

(home phone)

(work/cell phone)