**PNS is supporting the 2017 Western Zone Senior Championship by providing PNS athletes who attend—either attached to their home team or PNS—PNS apparel and the opportunity to represent PNS as an athlete and relay swimmer. The 2017 head coach, Dane Wolfrom, will be the representative at the Senior Zone meet and will direct all PNS entries and athlete support/team outfitting. Please direct all Senior Zones questions to Dane.**

 **2017 PNS Senior Zone Head Coach: Dane Wolfrom
 253-381-8389
 dane@metroaquatics.org

Registration Fee**The cost to participate as a PNS Swimmer (attached to PNS or your home team) is $25.00. Please submit payment with your Registration form. After the meet is concluded home teams will be reimbursed a share for the meet. This amount will be dependent upon the number of PNS athletes that participate at the meet. If you wish to be reimbursed you must fill out the form.

 **Responsibility**PNS serves as a sponsor at this competition and this is not a travel team.  PNS is not responsible for any swimmers during travel or competition. Athletes will work with home/personal coaches on deck.  If a PNS swimmer wants to attend the Western Zone Championship and does not have a team to travel with, let Dane know and he can try to match you up with a team who is participating.

 **Entry Process**Coaches, you must to enter your own swimmers into the meet through OME and pay your athletes entry fees, regardless of whether they are attaching to your team or PNS. Then forward your OME entry summary to dane@metroaquatics.org. After entries close, all the athletes who have indicated they wish to attach to PNS on their Athlete Registration Form will be attached to PNS.

 ***All home PNS teams with athletes attached to PNS will swim in the same prelims pool.***

**Registration Deadline: MUST BE RECEIVED by Monday July 17, 2017 at:**

 **PNS OFFICE – 501 - 30th St. N.E., Ste. D, Auburn, WA 98002.**

Athletes registering as PNS Swimmers after July 17th may not receive apparel or all PNS benefits.

 **Athlete Registration Form**

[ ]  I have enclosed a check for $25 payable to PNS. [ ]  I am a PNS Outreach member.

**Athlete Information:**

[ ]  **I will swim attached to PNS.** [ ]  **I will swim attached to my home team.**

Name: Click here to enter text. Home Team: Click here to enter text.

Address: Click here to enter text.

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

USA-S #: Click here to enter text. Cell Phone #: Click here to enter text.

Gender: [ ]  Female [ ]  Male Adult T-Shirt Size: [ ]  XS [ ]  S [ ]  M [ ]  L [ ]  XL [ ]  XXL

I, Click here to enter text. (Participating Athlete), as a member of USA Swimming and Pacific Northwest Swimming understand and will comply with the USA Swimming Code of Conduct. I understand that failure to comply with the USA Swimming Code of Conduct may result in disciplinary action, which may include but is not limited to disqualification from one or more swimming activities and/or dismissal from the team. 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.

I further grant Pacific Northwest Swimming permission to publish pictures from the meet that may include my picture.

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

(Printed Name of Athlete) (Signature)

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

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

**Parent Information:**

Parent/Guardian: Click here to enter text.

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

**Home Coach Information:**

Coach:Click here to enter text. ☐ I will be attending Zones ☐ I will not be attending Zones

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

Coach’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_