**2018 Pacific Northwest Swimming**

**Western Zone Team**

**Athlete’s Registration Packet**

Dear PNS Families,

This is the registration packet for the 2018 PNS Age Group Zone Team that will travel to Roseville, CA from August 8-11, 2018 for competition. Please complete this packet, and then, go to the PNS.org website to register your swimmer for the Zone Team (more complete instructions on page 16) so that you will receive important email communication regarding the selection process of the team, and for those who are selected, meet and travel information.

**NOTE (1)**: START WORKING ON PACKET NOW - The athletes and their parents are encouraged to work on the registration packet 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 registration packet; **hand written and/or incomplete applications will not be accepted**. 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. In some situations, athletes are required to have a physician signature to indicate an athlete can participate in the Zone meet. (See Form #5 for requirements.)

**NOTE (2):** **Please fill out the registration packet in this editable Word document. Once you have completed all of the fields in this form please print it out and sign all the signature lines in the document. It is important particularly in the case of an emergency that all of the included information is clear and readable. Please print your application single sided only.**

If you have questions, you can direct them to the Team Manager when the staff has been selected.

Best Regards,

Carolyn Ackerley

Age Group Vice Chair/Zone Team Manager

agegroup@pns.org

**DEADLINE:**

**Registration Packet Deadline: MUST BE RECEIVED by Monday April 23, 2018 at the PNS OFFICE – 501 - 30th St. N.E., Ste. D, Auburn, WA 98002.**

**All applications and checks will be shredded if an athlete is not selected for the team.**

**2018 Pacific Northwest Swimming Zone Team**

**Overview of the Approach for the**

**2018 Western Zone Age Group Championship Meet**

**Important Rules and Guidelines:**

(1) An athlete’s application is due in the PNS office by Monday, April 23rd, 2018. Late applications will not be accepted.

(2) The deposit of $850.00 for the 11-14 year olds cover the cost of the airfare, hotel, food, team apparel and transportation during the trip. A deposit of $150.00 for the 10&U’s is needed to cover the cost of the team apparel, meet fees and lunches during the meet. A deposit of $40 is needed if you are a PNS Outreach Swimmers. Once an athlete has been selected for the 2018 Western Age Group Championship team all checks will be deposited at which point **no refund will be given**. Applications and checks will be shredded for athletes that were not selected for the team.

(3) PNS is subsidizing each of the 11-14 year old athletes to cover their entry fees, team caps, Saturday night social event which includes dinner and transportation for the travel team (11-14 year olds) to and from the hotel and pool each day.

(4) As mentioned above, start working on the application as soon as you can, as it will take some time to get everything filled out.

(5) There will be up to six (6) coaches at the meet. The coaches and chaperones will be responsible for managing the 11-14 year old athletes during the trip. Coaches and chaperones are responsible for 10&U athletes **while at the pool during warm up and competition**. 10&U parents are responsible for transporting their athlete(s) to and from the pool each day and are reminded to check their athletes in and out with the coaches upon arriving and leaving the pool during the meet.

(6) It is the athlete’s responsibility to be “in the right spot at the right time”. The coaches will not have time to “track down” an athlete who is not where they should be.

(7) It is expected that the athletes will sit in the team-designated area during the meet, unless directed by the head coach to do otherwise.

(8) If an athlete fails to check in with the coaching staff, the head coach may at his discretion remove that swimmer from the relay(s). Swimmers are expected to participate in each session of the meet regardless of whether or not they are scheduled to swim individual events that day.

(9) Athlete’s will receive their apparel package at a specified time and location as we get closer to the meet. One possibility will be during the PNS 14&U Long Course Championship meet.

(10) The athletes on the Zone team are reminded that we are representing PNS at the meet and should conduct themselves as good teammates and representatives of our LSC.

**2018 Pacific Northwest Swimming Zone Team**

**Team Selection Process**

**Summary:**

The 2018 PNS Western Zone Team will have up to six (6) coaches on the staff and the number of athletes will be limited to a maximum of 80 athletes. We will only be taking 48, 11-14 year old athletes on the travel team this year. The athletes will be selected based on the number of events for which they have achieved the Western Zone Meet Standards. The criteria for team selection is shown below in the section entitled “Selection Process”. Athletes will need to achieve the short course qualifying times during the qualifying period, which is September 1, 2017 through March 25, 2018, which will be the last day to be considered for the 11-14 year olds. The 10&U athletes can also qualify through July 1, 2018 if there are any open spots on the team, as they will be making their own travel arrangements to the meet. Any 10&U who qualifies after July 1, 2018 will be considered if there are any open spots on the team, and an on-time application was submitted.

Athletes with the greatest number of qualifying times will be considered first for selection to the PNS Age Group Zone team. The coaching staff will also apply judgment for PNS Age Group Zone team athlete selection in specific cases, when an athlete might be needed to fill a position on a relay.

All swimmers entered into the Western Zone Age Group Meet must be currently registered with USA Swimming and Pacific Northwest Swimming as an athlete and must be on the LSC entry form.

**I.** **Eligibility:**

a. Any swimmer who within the 18 months prior to the start of the meet has participated in one (1) individual event at a USA Swimming Championships as defined in Article 207 of the USA Swimming Rules and Regulations, excluding Disability Championships and Open Water Championships, may not compete in that event or the related relay leg.

b. Any swimmer who within the 18 months prior to the start of the meet has participated in two (2) or more individual events at a USA Swimming Championships as defined in Article 207 of the USA Swimming Rules and Regulations, excluding Disability Championships and Open water Championships, may not compete in the meet.

c. To be eligible for selection to the Pacific Northwest Western Zone Team, a swimmer must be a registered PNS swimmer in good standing. This means that the swimmer must not owe money to either PNS or their registered club team, and must not have been restricted from representing PNS because of past disciplinary problems. Swimmers who owe money to PNS or their registered club team may clear the debt and be considered for the Western Zone Team by paying the money that is owed before the end of the qualifying period.

d. Swimmers must submit and have an application in the PNS office by the deadline on the Athlete’s Application Packet. Applications submitted after the deadline will not be accepted for the PNS Western Zone Team.

**II. Qualifying:**

a. The first priority qualifying period shall be September 1, 2017 through March 25, 2018. The second priority qualifying deadline for 10&U’s will be June 24th if there are any available openings on the team. Any 10&U who qualifies after July 1st will be considered if there are any openings on the team, and an application was received on or before the deadline. 11-14 year old selection will be based on verified short course performances achieved during the qualifying period in individual events offered at the Western Zone Age Group Championships. All swims will be verified through SWIMS.

b. Qualification standards for 2018 Western Zone Age Group Meet events can be found on the PNS website “Swimmers”, then click on “Age Group Swimming”, then click on “2018 Western Zone Age Group Championship Time Standards”.

c. To be entered in an event, an athlete must achieve a Western Zone Qualifying Standard for their age group, based on their age as of August 8, 2018.

**III. Selection Process:**

(1) The size of the team is limited to maximum 80 athletes. PNS will only be taking 48 11-14 year olds.

(2) Athletes will be selected based on the number of qualifying standards achieved for their age group with the age of the athlete as of August 8, 2018.

(3) Achieving a Short Course Yards (SCY) qualifying standard will take precedence over an athlete who has achieved a Long Course (LCM) when counting an athlete’s number of qualifying swims. Athletes who have not met the consideration standard could potentially be selected for the team based upon the number of athletes that apply for the team.

(4) Number of qualifying standards achieved:

1. Athletes who have achieved 10 time standards.
2. Athletes who have achieved 9 time standards.
3. Athletes who have achieved 8 time standards.
4. Athletes who have achieved 7 time standards.
5. Athletes who have achieved 6 time standards.
6. Athletes who have achieved 5 time standards.
7. Athletes who have achieved 4 time standards.
8. Athletes who have achieved 3 time standards.
9. Athletes who have achieved 2 time standards.
10. Athletes who have achieved 1 time standards.
11. Athletes who have not achieved any of the selection standards but could be considered for the team by the coaching staff based on the Zone teams relay requirements.

**Notes:**

1. Swimmers selected for the PNS Age Group Western Zone Team will be entered in events for which they have Zone qualifying times to the extent entry limit established for the team. Each LSC is permitted a total of 400 individual entries (splashes) which includes a limitation of 160 entries that do not meet the Zone qualifying standard. Swimmers are limited to 6 individual events. Swimmers may be considered for events in which they have not met the meet standard only when the master team entry list permits such entries. In filling out the application, be sure to label your event priorities carefully.

2. The Head Coach, in consultation with assistant coaches, is the final authority in the assignment of athletes to events for the Western Zone Age Group Championship meet.

3. PNS cannot guarantee to an athlete that they will participate in a full set of events for the meet.

4. Athletes/coaches reserve the right to request that athletes not swim in a particular event as long as this request is made in writing to the Zone Head Coach by the event-qualifying deadline. Requests for change(s) will not be considered after that date.

5. Requests for changes of events for athletes must be made by the athlete’s coach. Every effort will be made by the Head Coach to work with the athletes and their coaches to fulfill the athlete’s purpose for participating on the Zone Team.

**IV. Additional Questions:**

If you have additional questions, please contact the Age Group Vice Chair at agegroup@pns.org.

**2018 Pacific Northwest Swimming Zone Team**

**Summary Check-Off Page: (Form # 1)**

**Attach This Page As The 1st Page With The Athlete’s Submitted Registration Packet**

**Athlete’s Name**:8 **Age** (as of August 8, 2018): \_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender**: Male: Female:

**Parent’s Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender**: Male: Female:

**Indicate with a checkmark if you are a PNS Outreach swimmer:**­­­­­\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature**:

**Check Off Each Item:**

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

**[ ]** Form #2 Athlete Registration Information, & Final Payment Information

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

**[ ]** Form #4 Authorization to Consent To Emergency Treatment Of A Minor

**[ ]** Form #5 Consent to Travel to Roseville, CA and Physician’s Agreement for Athlete to Participate

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

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

**[ ]** Form #8 Parent Verification & Picture ID information

**[ ]** Form #9 Apparel Selection

**[ ]** Form #10 Athlete’s Event Priority Selection

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

**[ ]** Completed the Online Registration

**[ ]** Check made out to PNS for Athlete.

**Attach Check Here**:

**Registration Packet Deadline: MUST BE RECEIVED by Monday April 23, 2018 at the PNS OFFICE – 501 - 30th St. N.E., Ste. D, Auburn, WA 98002.**

**2018 Pacific Northwest Swimming Zone Team**

**Athlete Registration (Form # 2)**

**Competition:** 2018 Age Group Zone Meet, Roseville, CA August 8 – August 11, 2018. This **Athlete Registration,** the other items listed on the **Summary Check-Off List**, and a **check** for ($850.00) for 11-14 year olds or ($150.00) for 10&U for the trip cost for the athlete made out to: **Pacific Northwest Swimming** must be received to the **PNS OFFICE 501 30th St. N.E., Ste. D, Auburn, WA 98002 by Monday, April 23, 2018.**

**Athlete Information:**

**I/ we submit the following named swimmer be registered for the PNS Zone Team.**

Swimmers Name: Birth Date:*Click here to enter text.*Age on Aug. 8, 2018: *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.* Sex: F M

Parent’s Cell Phone#: Athlete’s Cell Phone #: *Click here to enter text.*

**Picture Identification (ID):** Include with your application a copy of a “picture” ID of athlete for travel & identification. (Passport photo, driver license, government issued ID (i.e. from Dept. of Licensing), student body ID, etc.)

**Club Information:**

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 Information:**

Parent/Guardian: *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.*

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

**Payment of Fees:**

The total cost of the Zone meet trip is $850.00(11-14)’s/$150.00(10&U’s) for each athlete. A payment of ($850.00/$150.00) is required to be submitted with this registration packet. Checks should be made out to Pacific Northwest Swimming (PNS).

**Note (1):** If for some reason an athlete is not able to make the trip to Roseville in August, there will not be any refunds as the full cost has been committed by PNS to support each athlete.

**NOTE: Submit all of the items shown on the Summary Check-off Sheet with the athlete’s registration packet by Monday April 23, 2018. Incomplete applications will potentially prevent an athlete from traveling with the team.**

**2018 Pacific Northwest Swimming Zone Team**

**Athlete Code of Conduct (Form # 3)**

As a member of the PNS Zone 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 Zone 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) , 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 #5)
2. Curfews will be established and adhered to during the trip.
3. Attendance is required at all team functions, which 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. Athlete is not allowed in dorm space designated for the opposite gender.
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. Exception: 10 & under athlete(s) traveling with their parent or an assigned adult.
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 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.

Date:

(Printed Name of Athlete) (Signature)

*Click here to enter text.* Date:

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

**2018 Pacific Northwest Swimming Zone Team**

**Authorization To Consent To Emergency Treatment Of A Minor (Form #4)**

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 his or her 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? Y N
2. Morphine, codeine, Demerol or other narcotics? Y N
3. Novocain or other anesthetics? Y N
4. Aspirin, emperin or other pain remedies? Y N
5. Sulfa drugs? Y N
6. Tetanus, antitoxin or other serums? Y N
7. Iodine or methiolate? Y N
8. Cortisone? Y N
9. ACTH? Y N
10. Anticoagulants? Y N
11. Tranquilizers? Y N
12. Hypotensives (high blood pressure medicines?) Y N
13. Peanuts/ tree nuts Y N
14. Has swimmer ever received treatment for (if yes, check 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.*
21. **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.*

*Click here to enter text.*

Parent /Guardian Name (Print) (Signature) Date

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

**2018 Pacific Northwest Swimming Age Group Zone Team**

**CONSENT TO TRAVEL TO ROSEVILLE, CA AND PHYSICIAN’S AGREEMENT (IF REQUIRED) FOR ATHLETE TO PARTICIPATE (Form #5)**

**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 **Roseville, CA** to compete at the Western Zone Meet with **Coaching Staff, Team Manager, and Chaperones for Pacific Northwest Swimming** during the period **August 7-12th 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 AG WESTERN ZONE 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 Zone Team**

**Liability Release & Indemnification Form For Minor Travel (Form # 6)**

I, the undersigned participant and parent, request voluntary participation for minor to participate in the **Western Zone Age Group Championship Meet** activity starting **August 7, 2018**  (date) and ends on **August 12, 2018** (date) 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)

**2018 PNS Age Group Zone Team**

**Parent and PNS Home Coach Participation Guidelines (Form #7)**

As a major supporter of your swimmer, who is rightfully proud and excited to have an athlete on this year’s PNS Zone Team, please review and sign this guideline. We as the team coaches, team manager, and chaperones 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 a PNS sponsored 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 travel 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, so please limit visitation to outside this environment.

3. Arrangements for telephone calls between the athlete and family/coach should be 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 (other than the one required parent for a 10 & under athlete, if applicable) and home coaches may not be involved with the swimmers on the pool deck, at the PNS team meals, or PNS team functions.

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 staff member or not. Exception: (if applicable) 10 & under athletes who are traveling with their required parent.

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)

**E-Mail Address Use Release**

Pacific Northwest Swimming requests your permission to utilize your (the parent’s) e-mail address as a part of a distribution list to provide information related to this PNS trip. Most information will be posted on the website, but there is a possibility that we may need to use your e-mail address as part of a distribution list.

Permission is granted (circle one): YES or NO

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

(Printed Name of Parent) (Signature)

**2018 PNS Age Group Zone Team**

**Parent Verification** **(Form # 8)**

I attest that the information provided in the Registration Packet is accurate.

Further, I agree that I will reimburse PNS for the value of the PNS team apparel package, the accrued lodging, meal, transportation costs, and entry fees, as well as any other unrecoverable costs if my swimmer registers to participate, is selected for the team, and then does not compete in the Zone meet. In the failure to make such outlined reimbursement costs, Pacific Northwest Swimming will not accept the swimmer's USA Swimming membership registration for the following year.

I understand my swimmer must participate in all the team activities and commitments including but not limited to, team picture, team practice(s), and team meetings, meals, and all team warm-ups as directed by the assigned coach until or unless released by the Head Coach. Failure to meet team obligations may jeopardize the swimmer’s eligibility to participate on any relay(s). I understand that, if my swimmer qualifies for any relay and/or for any final event, he/she must compete in those events. Athletes are required to wear the PNS Zone Team uniform for the team picture; the team cap at both prelims and finals; and the provided PNS Zone team shirt for any award ceremony.

We are aware that USA Swimming requires a “sit and slide” entry into the water for all practices, warm-ups, and cool-downs and that violation may result in disqualification from the meet.

We acknowledge the athlete’s responsibilities to adhere to the "Athlete Code of Conduct" or incur the consequences. Failure to do so can include having the Team Manager or Head Coach scratch an individual event for the swimmer, remove the swimmer from a relay, or send the swimmer home, at the parent’s or guardian’s expense.

**Athlete’s Parent or Guardian**

*Click here to enter text.*

Printed Name (Signature) Date

**Picture Release**

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

Permission is granted (circle one): YES or NO

*Click here to enter text.*

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

**Team Meeting with Parents:**

A team meeting (athletes and parents) is tentatively planned for Sunday August 5th at the King County Aquatic Center at the conclusion of the preliminary session at the PNS 14&U Championship meet. Once the timeline is published a time will be set.

**2018 Pacific Northwest Swimming Zone Team**

**APPAREL SELECTION (Form #9)**

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

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

**Age:***Click here to enter text.***(on Aug 8th 2018)**

**Gender: M F**

**Pacific Northwest Team Uniform:** (Click the **adult** size)

(Team uniform may include the items below. All sizes are adult.)

**T-Shirt** : XS SM M L XL XXL

**Sweatshirt** : XS SM M L XL XXL

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

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

**2018 Pacific Northwest Swimming Zone Team**

**Athlete’s Event Priority Selection for Zone Meet (Form # 10)**

**2018 Zone Event Priority Selection Sheet**

**Swimmer's Name:**Click here to enter text. **Age as of Aug. 8, 2018:** Click here to enter text.

**PNS Club:**Click here to enter text. **Gender: M F**

**NOTE:** On the chart below list your preferences for your top 6 individual events in priority order, **numbering them from 1 through 6 with a pen.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Priority | **Age Group**  **10 & Under** | Priority | **Age Group**  **11 & 12** | Priority | **Age Group**  **13 & 14** |
| Wednesday |  | 50 Breaststroke |  | 400 Individual Medley |  | 100 Breaststroke |
|  |  | 200 Freestyle |  | 50 Breaststroke |  | 100 Freestyle |
|  |  | 100 Backstroke |  | 100 Freestyle |  | 200 Backstroke |
|  |  |  |  | 100 Backstroke |  | 800 Freestyle |
|  |  | 400 Freestyle Relay |  | 400 Freestyle Relay |  | 400 Freestyle Relay |
|  |  |  |  |  |  |  |
| Thursday |  | 100 Freestyle |  | 200 Freestyle |  | 200 Freestyle |
|  |  | 50 Butterfly |  | 50 Butterfly |  | 100 Butterfly |
|  |  | 200 Individual Medley |  | 200 Individual Medley |  | 400 Individual Medley |
|  |  |  |  | 200 Backstroke |  |  |
|  |  | 200 Freestyle Relay |  | 200 Freestyle Relay |  | 200 Freestyle Relay |
|  |  |  |  |  |  |  |
| Friday |  | 100 Breaststroke |  | 200 Butterfly |  | 200 Breaststroke |
|  |  | 50 Backstroke |  | 100 Breaststroke |  | 100 Backstroke |
|  |  |  |  | 50 Backstroke |  | 400 Freestyle |
|  |  |  |  | 400 Freestyle |  |  |
|  |  | 400 Medley Relay |  | 400 Medley Relay |  | 400 Medley Relay |
|  |  |  |  |  |  |  |
| Saturday |  | 50 Freestyle |  | 50 Freestyle |  | 200 Individual Medley |
|  |  | 100 Butterfly |  | 100 Butterfly |  | 50 Freestyle |
|  |  |  |  | 200 Breaststroke |  | 200 Butterfly |
|  |  |  |  |  |  | 1500 Freestyle |
|  |  | 200 Medley Relay |  | 200 Medley Relay |  | 200 Medley Relay |

**2018 PNS Age Group Zone Team**

***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*](http://www.teamunify.com/Home.jsp?_tabid_=0&team=pnpnsast)