



SIERRA NEVADA SWIMMING 2015 WESTERN ZONE TEAM

ATHLETE APPLICATION

All swimmers wanting to be a member of the 2015 Sierra Nevada Swimming Western Zone Team competing in MAUI, HAWAII ~ Monday, August 3rd, 2015 through Sunday, August 9th, 2015 MUST fill out and return this application by deadline below:

Application deadline: May 15th, 2015

Mail or hand-deliver to: Denna Culpepper, 5350 Whitehaven Way, Antelope CA 95843

Application must be received by **10pm, Friday ~ May 15th, 2015 – no exceptions!**

(Team will be announced on the SNS website by noon, June 3rd, 2015)

NAME: _____ FEMALE MALE

DATE of BIRTH _____ AGE ON 8/5/15: _____ USA SWIMMING #: _____

HOME ADDRESS:

CITY/STATE/ZIP:

PHONE (HOME): (____) _____ PHONE (CELL): (____) _____

LIST 2 EMAIL ADDRESSES: please print clearly:

CLUB TEAM _____ CLUB COACH: _____

COACH'S PHONE: (____) _____

~ Apparel sizing Information – please circle the size for each item listed ~

Hawaiian Luau collar shirt:	Youth	S	M	L	
	Adult	S	M	L	XL
T-Shirt Size:	Youth	S	M	L	
	Adult	S	M	L	XL
Short Size:	Youth	S	M	L	
	Women's	S	M	L	XL
	Men's	S	M	L	XL



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If selected, I _____ will participate as a member of the Sierra Nevada Swimming Western Zone Team. I agree to abide by the guidelines and Code of Conduct and other necessary rules and guidelines set forth by the coaching staff, chaperones, and/or team manager. If my son/daughter does not abide by the team guidelines and Code of Conduct and other necessary rules and guidelines, I understand that he/she will be sent home at the expense of the swimmer's family prior to the conclusion of the meet.

To defray costs, each swimmer selected will be asked **to contribute an amount of \$1000** ~ A deposit check **of \$500 must accompany** your swimmer's application and if selected to the team, an additional and final payment of \$500 must be paid by July 10, 2015. Please make the check payable to **Sierra Nevada Swimming**. Should the check(s) be returned as non-sufficient funds, only cash, cashiers check or money order will be accepted. Payment must be made within 48 hours after notification of non-sufficient funds check. If the payment is not made then the swimmer will be removed from the team.

Swimmers will receive a team uniform to include, swim cap(s), T-shirts, shorts, team towel and Speedo backpack. All travel will be by airplane and bus. Individual and relay entry fees, hotel accommodations, meals, drinks, snacks and social events are included.

Signature of Swimmer: _____

Signature of Parent: _____

SIERRA NEVADA SWIMMING HONOR CODE

Each athlete or staff member of any team representing Sierra Nevada Swimming during any LSC sponsored event (which includes travel to the meet, the duration of the competition, as well as travel back from the meet) is required to sign Sierra Nevada's Swimming Honor Code. All issues as set forth within the Honor Code apply to all swimmers, officials, coaches and adult chaperones unless otherwise designated.

SIERRA NEVADA SWIMMING HONOR CODE

I, as a member and/or participant of Sierra Nevada Swimming understand and will comply with the following as approved by the Sierra Nevada Swimming Board of Directors:

1. The possession by any swimmer or the use of alcohol, tobacco products, or controlled substances is prohibited throughout the event.
2. As an adult representative of Sierra Nevada Swimming as a Coach, Parent Chaperone or Official, the possession of a controlled substance is prohibited throughout the participation of the trip. Additionally, there will be no use of alcohol or tobacco products around the swimmers at any time.
3. Curfews will be established and adhered to during the trip.
4. As to all swimmers, 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 head chaperone, or designated person in charge of the team.
5. As to all adult chaperones, 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 chaperone, or designated person in charge of the team.



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6. As to all coaching staff and adult volunteers the Head coach is in charge of all issues relating to the conduct of the meet and attendance by the swimmers. Any and all questions or concerns are to be brought to the attention of the head coach. All decisions made by the head coach are final and are to be followed.
7. As to all adult chaperones, the Team Manager is in charge of all issues relating to the supervision and control of the swimmers with the exception of those matters that fall within the head coaches authority. Any and all questions or concerns are to be brought to the attention of the Team Manager. All decisions made by the Team Manager are final and are to be followed. By agreeing to attend the meet as a chaperone, you understand and agree that you will not be allowed to chaperone your child or their age group.
8. With the permission of the adult chaperone, male and female athletes may be in the same room as long as the hallway door remains open.
9. Uniform requirements that are established for the trip will be followed.
10. Proper respect, sportsmanship, and courtesy toward coaches, officials, administrators, competitors, chaperones and the public will be displayed at all times.
11. The manner by which one behaves will present a positive image of Sierra Nevada Swimming and will provide an atmosphere to meet the competitive performance objectives.
12. 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 Sierra Nevada 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:

As to Swimmers:

1. Disqualification from one or more events of the competition.
2. Dismissal from the team and return home at my own expense.
3. Reimbursement of all expenses paid by Sierra Nevada Swimming on your behalf relating to this trip.
4. Disqualification from future Sierra Nevada sponsored activities pending LSC Board of Review.

As to All Coaches, Officials and Adult Chaperones:

1. Dismissal from the team and return home at my own expense.
2. Reimbursement of all expenses paid by Sierra Nevada Swimming on your behalf relating to this trip.
3. Disqualification from future Sierra Nevada sponsored activities pending LSC Board of Review.



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I may appeal any disciplinary action in accordance with Part Four of the U.S. Swimming Rules and Regulations and the Articles of the Sierra Nevada Swimming Bylaws.

Event: _____

Event Dates: _____

Signature: _____

Date: _____

(Athlete/coach/staff/chaperone/official)

Signature: _____

Date: _____

(Parent or legal guardian if under 18 years old)



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HEALTH AND EMERGENCY INFORMATION

Name _____ Date of Birth _____

Last First Initial

Address: _____

City _____ State _____ Zip _____ Phone _____

Please indicate action desired in the event of an emergency:

____ In the event of an accident or other emergency, when a parent is unavailable, I hereby authorize a representative of Sierra Nevada Swimming to make such arrangements as he/she considers necessary for my child to receive medical or hospital care including necessary transportation. Under such circumstances, I further authorize the physician below to undertake such care and treatment for my child, as he/she considers necessary. In the event said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician or surgeon.

____ In the absence of a parent, call neighbor/friend/relative:

Name/Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

____ I do not choose the above statement and desire the following action: _____

Physician's Name: _____ Phone _____

Address _____

Insurance Carrier

Policy Number/Kaiser Number

The undersigned hereby agrees to bear all costs incurred as a result of the foregoing desired action.

Parent/Legal Guardian

Date

MEDICAL HISTORY

____ Please check if there are no known health problems.

****Please check if there is a history of any of the following and explain:

- ___ Frequent Colds ___ Frequent Sore Throat ___ Sinusitis ___ Convulsions
- ___ Bronchitis ___ Abscessed Ears ___ Asthma ___ Hyperactivity
- ___ Stomach Upsets ___ Fainting Spells ___ Diabetes ___ Epilepsy

Penicillin or other drug reactions:

Current Medications:

Other Known Diseases:

Any medical issues in the past 24 months:

Allergies:

Peanuts

Dairy products

Wheat

Additional comments/information:

******PLEASE NOTE: IF YOUR SWIMMER HAS A HISTORY OF ANY MEDICAL PROBLEMS WE WILL NEED A LETTER FROM HIS OR HER PHYSICIAN DETAILING THE EXACT MEDICAL AILMENT, ANY MEDICATION THAT HE/SHE MAY NEED; AND ANY SPECIAL CARE THAT HE/SHE MAY NEED PRIOR TO LEAVING FOR THE ZONE TRIP ON AUGUST 3, 2015.**

****** PLEASE ATTACH A PHOTOCOPY OF THE INSURANCE CARD******