



## SAN DIEGO-IMPERIAL SWIMMING

### 2015 WESTERN ZONE CHAMPIONSHIPS TEAM APPLICATION

- Date of Meet:** August 5-8, 2015
- Location:** Kihei Aquatic Center  
303 E. Lipoa St. MAUI, Hawaii  
**(Open Water August 9) Kamaole I Beach, Kihei, Maui, HI**
- Cost:** All swimmers will make their own travel arrangements for the swim meet; the Zone Staff will select and enter the swimmers into the meet. They will also be responsible for their own lodging, food and transportation while at the meet. There will be a stipend of up to \$1000, for those swimmers who meet all requirements that are set by the LSC and Zone Staff.
- Depart Date:** Up to each swimmer, the team will have a practice on Tuesday August 4 at the pool
- Return Date:** Up to each swimmer
- Hotel**
- Accommodations:** The coaching staff will be staying at: Aston at the Maui Banyan
- Head Coach:** Sean Redmond (760) 728-9244 Email: seanmary@aol.com  
1335 Via Del Oro, Fallbrook, CA 92028
- Eligibility:** All swimmers must have a minimum of two 2015 Western Zone qualifying times to apply and be considered for the team. Swimmers with five 2015 Western Zone qualifying times will be granted automatic selection when they apply. **The Zones Committee reserves the right to limit the team to up to 24 13-14 with a max of 48 swimmers from all age groups.**
- Entry deadline:** Swimmers must submit a **COMPLETE ZONE PACKET** by **Saturday, July 25, 2015**, at the conclusion of the prelims of the Junior Olympics. Updates will be accepted July 26 provided that a completed application is received by the 25<sup>th</sup>, by the end of prelims.
- Team Selection:**
- In order to apply the swimmer must have at least two (2) 2015 Western Zone qualifying times. Times must have been achieved since the 2014 Western Zone Championships through the application deadline. Qualifying events are for different events, not a short course and long course time of the same event
  - Applications will be accepted after July 1, 2015. Applications must be received no later than July 25, 2015.
  - Applications may be sent to the directly to the Head Coach (see address above), and must be received by Monday July 20, 2015.
  - Swimmers with 5 (five) or more, qualifying times; and who submit a complete and timely application, will automatically be selected to the team.
  - The coaching staff will select the best team from the qualified applicants. The coaching staff will enter the swimmers in the events that will be best for the overall team success. Swimmers are required to compete in all entered events, individual and relay. Selection of the swimmers will be based on the swimmers' times and compared to the placing of the top eight times of previous Zone Meets.
  - A maximum of four (4) swimmers with disabilities may be selected: two (2) 12/U and two (2) ages 13-14.
    - **SWIMMER'S COPY: PAGES 1-5**                      **ZONE STAFF COPY: PAGES 6-10**

- Swimmers may receive a stipend from SI Swimming of up to \$1000 after the meet. Swimmers not competing in all events that they are entered, not complying with all SI and Team Rules and Policies will not receive funds.
- Swimmers and parent/guardians are required to read and sign the SI Swimming Code of Conduct. Swimmers must abide by the code at all times, failure to do so will result in disciplinary action.
- Swimmers must attend ALL sessions (regardless of their individual entries), meetings, workouts, etc as determined by the Head Zone Coach. Early departure from the Team or late arrival is NOT permitted, unless cleared by the Head Coach.
- Prior to departure, the Head Coach must be provided with swimmer's contact information including: lodging (phone number and name) and cell phone number (if available), etc.
- Team Staff, in a funded or unfunded role, must abide by the SI Swimming Code of Conduct.
- Any swimmer who within the 18 months prior to the start of the meet has participated in one individual event at a USA Swimming Championships as defined in Article 207s, excluding Disability Championships and Open Water Championships, may not compete in that event or the related relay leg. 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, excluding the Disability & Open Water Championships may not compete in the meet.
- Those swimmers who are interested in swimming in the open water portion of the meet; held on Sunday August 9; must mark their intention on the application. There might be at least one open water practice during the break one day during the meet. 10&under – 1K: 11-14 3K. Check-in time is 7:00am, races start at 8:30. **Kamaole I Beach, Kihei, Maui, HI**
- *Swimmers selected for the 2015 SI Western Zones Team must agree not to compete in any athletic competition between July 27, 2015 and the beginning of Zones. Violation of this rule will result in dismissal from the team.*

- Notification:** All applicants will be notified of their team status by 9:00 pm, July 26, 2015.
- Team Meeting:** All team members will be required to attend a **mandatory meeting** on Saturday, August 1 at Kit Carson Park in Escondido at 4:00PM.
- Travel Rules:** All swimmers are responsible for their own arrangements (travel, lodging and supervision, etc.), and must be present for the entire meet, as determined by the Head Coach.
- Uniform:** Team members entered into the Zone Meet will receive the following: Team Shirts and Team caps. **Swimmers must supply their own solid navy blue team suit or other approved suit for competition and must wear the team uniform in all competitions.** During workouts and warm ups other suits may be worn.
- Code of Conduct:** Each swimmer will be required to sign the San Diego-Imperial Code of Conduct. Swimmers must follow staff instructions at all times.
- General Information:** Bring extra money (\$60.00) for extra meals and souvenirs. Swimmers are required to sit with the team at all times, when at the meet. **The team area will only be for the swimmers, coaches and chaperones. The pool deck will be a closed deck.** Saturday evening there will be an end of the meet social event. The place and time will be announced when it is available. This activity is available only to all participants, coaches, chaperones and officials of the meet. The LSC will pay for the SI zone team swimmers and SI zone team staff.



## **Code of Conduct**

This code of conduct shall apply to all those representing San Diego-Imperial Swimming.

The following shall be prohibited at all times:

1. Possession of, use of, or knowledge of use of illegal substances by those representing SI Swimming or use in the presence of those representing SI Swimming.
2. Inappropriate or destructive behavior, or knowledge (without immediate reporting) of same.
3. Smoking by athletes (or use of other tobacco products) while representing SI Swimming. Knowledge of use is to be considered use (unless immediately reported).
4. Use by athletes, knowledge of use of, or providing alcohol to or use around swimmers.
5. Use of alcohol by those having direct responsibility for swimmers is also prohibited.
6. Violation by any representative of the laws, regulations, rules, etc. is included.

Note: Persons present while any of the above mentioned prohibited activities occur must leave the area immediately and report the situation immediately to the Team Manager, a coach or chaperone or considered to be a participant by choice.

### **TRAVEL TRIPS**

The following are mandatory and the responsibility of the Head Coach or designee:

1. A nightly curfew will be established and enforced.
2. All athletes and individuals representing SI Swimming shall be housed in an appropriate manner.
3. Coaches and athletes must attend all team meetings and/or required functions.
4. The Team Manager/Head Coach shall have in his possession a signed "Consent to Treat" form for all minors on the trip.

Further, all swimmers who have been designated as part of the team representing SI Swimming are to remain as part of that team from the time of departure until reaching the return destination (San Diego County). The swimmers must at all times follow the team staff's instructions as it relates to swimming, lodging, meals, team meetings, social events or any other incidentals or directions that may be given.

A swimmer can only be released to his/her parents prior to the completion of all travel events if such release has been requested in writing by the parent and addressed to and received by the Team Manager at least 48 hours prior to the team's departure. If the Team Manager grants approval for early release, such approval will be provided to the parent(s) in writing and signed by the Team Manager. Verbal approval will not be given or accepted.

## KEEP FOR YOUR RECORDS

2014 8 <sup>th</sup> place	WOMEN			MEN		
	2015 zone cut	AGE/EVENT	2015 zone cut	2015 zone cut	2014 8 <sup>th</sup> place	
	<b>YARDS</b>	<b>LCM</b>	<b>10 &amp; UNDER</b>	<b>LCM</b>	<b>YARDS</b>	
32.06	29.19	33.19	50 FREE	32.99	28.99	31.84
1:09.64	1:03.69	1:12.29	100 FREE	1:12.49	1:03.89	1:09.85
2:31.45	2:19.59	2:38.09	200 FREE	2:37.79	2:19.19	2:31.12
38.14	34.79	39.19	50 BACK	39.39	34.99	38.53
1:21.59	1:14.89	1:24.29	100 BACK	1:25.09	1:15.59	1:23.94
41.16	38.89	44.09	50 BREAST	44.89	39.59	42.16
1:31.95	1:24.59	1:35.89	100 BREAST	1:37.29	1:25.89	1:33.16
35.17	32.19	36.49	50 FLY	36.69	32.39	34.84
1:21.16	1:13.99	1:23.59	100 FLY	1:23.99	1:14.49	1:18.63
2:56.77	2:37.89	2:58.39	200 IM	2:58.79	2:38.19	2:49.42

2014 8 <sup>th</sup> place	WOMEN			MEN		
	2015 zone cut	AGE/EVENT	2015 zone cut	2015 zone cut	2014 8 <sup>th</sup> place	
	<b>YARDS</b>	<b>LCM</b>	<b>11-12</b>	<b>LCM</b>	<b>YARDS</b>	
29.07	25.89	29.49	50 FREE	29.49	25.89	28.63
1:03.90	56.99	1:04.79	100 FREE	1:04.29	56.49	1:02.61
2:20.7	2:03.69	2:20.39	200 FREE	2:19.99	2:03.19	2:18.41
4:47.90	5:31.79	4:56.19	400/500 FREE	4:56.49	5:32.29	4:48.83
33.82	30.69	34.59	50 BACK	34.69	30.79	33.74
1:13.86	1:05.69	1:14.09	100 BACK	1:14.39	1:05.89	1:10.86
2:34.39	2:27.79	2:46.49	200 BACK	2:43.69	2:25.39	2:31.55
37.64	33.79	38.49	50 BREAST	38.19	33.59	36.00
1:20.74	1:13.89	1:23.99	100 BREAST	1:24.09	1:13.89	1:18.56
2:53.51	2:46.89	3:09.29	200 BREAST	3:05.99	2:43.99	2:54.12
30.76	28.49	32.29	50 FLY	32.39	28.59	30.75
1:09.64	1:03.89	1:12.29	100 FLY	1:12.69	1:04.29	1:09.39
2:34.12	2:30.39	2:49.69	200 FLY	2:46.59	2:27.59	2:38.15
2:35.37	2:20.09	2:38.69	200 IM	2:38.69	2:20.09	2:33.75
5:34.88	5:14.59	5:55.59	400 IM	5:50.59	5:10.09	5:23.13

2014 8 <sup>th</sup> place	WOMEN			MEN		
	2015 zone cut	AGE/EVENT	2015 zone cut	2015 zone cut	2014 8 <sup>th</sup> place	
	<b>YARD</b>	<b>LCM</b>	<b>13-14</b>	<b>LCM</b>	<b>YARDS</b>	
27.81	25.39	28.89	50 FREE	27.09	23.69	26.02
1:00.77	54.89	1:02.49	100 FREE	58.69	51.49	:56.33
2:11.96	1:58.89	2:15.09	200 FREE	2:07.79	1:52.19	2:05.41
4:41.13	5:18.69	4:44.39	400/500 FREE	4:31.49	5:04.19	4:19.07
9:30.82	11:02.79	9:51.49	800/1000 FREE	9:29.79	10:38.39	9:06.06
18:21.89	18:33.69	18:55.89	1500/1650 FREE	18:08.09	17:46.69	17:22.40
1:08.35	1:02.89	1:11.09	100 BACK	1:07.89	1:00.09	1:06.58
2:27.69	2:14.99	2:32.19	200 BACK	2:25.99	2:09.39	2:21.51
1:17.44	1:11.09	1:20.89	100 BREAST	1:15.69	1:06.39	1:13.54
2:48.85	2:32.89	2:53.69	200 BREAST	2:44.49	2:24.59	2:40.13
1:07.15	1:00.99	1:09.09	100 FLY	1:04.89	57.19	1:00.60
2:30.26	2:17.29	2:35.19	200 FLY	2:26.59	2:09.59	2:18.22
2:32.01	2:15.39	2:33.49	200 IM	2:24.49	2:07.29	2:20.08
5:17.47	4:46.89	5:24.89	400 IM	5:08.09	4:31.79	4:54.92

### Order of Events

G/B	Age Group	Events Name	G/B	Age Group	Events Name
Wednesday					
1-2*	11-12	400 IM	15-16	10/under	100 back
3-4	10/under	50 Breast	17-18	11-12	100 back
5-6	11-12	50 Breast	19-20	13-14	200 back
7-8	13-14	100 breast	21-22**	13-14	800 free
9-10	10/under	200 free	23-24	10/under	400 free relay
11-12	11-12	100 Free	25-26	11-12	400 free relay
13-14	13-14	100 free	27-28	14/under	400 free relay

G/B	Age Group	Events Name	G/B	Age Group	Events Name
Thursday					
29-30	10/under	100 free	41-42	10/under	200 IM
31-32	11-12	200 free	43-44	11-12	200 IM
33-34	13-14	200 free	45-46	13-14	400 IM
35-36	10/under	50 fly	47-48*	11-12	200 back
37-38	11-12	50 fly	49-50	10/under	200 free relay
39-40	13-14	100 fly	51-52	11-12	200 free relay
			53-54	14/under	200 free relay

G/B	Age Group	Events Name	G/B	Age Group	Events Name
Friday					
55-56*	11-12	200 fly	67-68	13-14	100 back
57-58	10/under	100 breast	69-70*	11-12	400 free
59-60	11-12	100 breast	71-72	13-14	400 free
61-62	13-14	200 breast	73-74	10/under	400 med relay
63-64	10/under	50 back	75-76	11-12	400 med relay
65-66	11-12	50 back	77-78	14/under	400 med relay

G/B	Age Group	Events Name	G/B	Age Group	Events Name
Saturday					
79-80	13-14	200 IM	91-92	13-14	200 fly
81-82	10/under	50 free	93-94*	11-12	200 breast
83-84	11-12	50 free	95-96**	13-14	1500 free
85-86	13-14	50 free	97-98	10/under	200 med relay
87-88	10/under	100 fly	99-100	11-12	200 med relay
89-90	11-2	100 fly	101-102	14/under	200 med relay

\*Timed Finals events with the fastest heat swum in Finals

\*\*Timed Finals events swum in prelims fastest to slowest alternating Girls and Boys

- Warm up Times will be announced
- Prelims will start at 8:30, finals will start no sooner than two (2) hours after completion of Prelims
- Finals will be swum in A/B format consisting of the top 16 qualifying times of each event from prelims.
- The 11/12 200 backstroke, 200 Butterfly, 200 Breaststroke and 400 IM are timed final events.
- The 13/14 800 free and 1500 free are timed final events, will be swum fastest to slowest, alternating women and men.
- All relay events will be timed finals and swum at the end of each final session.



# SAN DIEGO-IMPERIAL SWIMMING

## Code Of Conduct Declaration

I have read and understand the San Diego-Imperial Swimming Code of Conduct and accept all the rules, regulations and conditions as outlined therein (including this declaration). I further agree to follow all directions as they are given by the Team Staff.

I agree to wear the team uniform during all competition and to supply this suit at my own expense.

I understand that any violation of any part of the Code of Conduct (attached), Staff direction or team information sheets (including this declaration), can result in any or all of the following:

1. Being scratched from any or all remaining events.
2. Being sent home, at once, at either my or my parent's expense.
3. Not being allowed to represent SI Swimming on any future team or receive SI Swimming team travel funding.
4. All other disciplinary actions as deemed appropriate by SI Swimming and team staff.

I understand that I have the right to appeal disciplinary actions through the processes established in the USA Swimming and SI Swimming codes.

Swimmer Signature \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned Parent/Guardian of \_\_\_\_\_ have read and understand the Code of Conduct, this form and all other team information sheets and have ensured that my son/daughter fully understands the content. I declare that I agree to and support the Code of Conduct, this form and all other team information sheets and all consequences as they relate to non-compliance.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Contact numbers:**

Daytime: \_\_\_\_\_

Name	Relationship	Number
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Evening: \_\_\_\_\_

Name	Relationship	Number
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Special diet request: \_\_\_\_\_

Roommate request: \_\_\_\_\_



# SAN DIEGO-IMPERIAL SWIMMING

## Authorization To Treat A Minor

I/we, the undersigned parent(s) or legal guardian of \_\_\_\_\_, a minor, do hereby authorize San Diego-Imperial Swimming, Inc. or its designated representative to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care rendered under the general or special supervision and upon the advice of a duly licensed physician or dentist. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

- Can your athlete administer their own medication, if any is required? Y\_\_ N\_\_
- Does the Team Manager or chaperone staff have your permission to administer prescription or non-prescription medication to your athlete if necessary? Y\_\_ N\_\_

**For Athletes/ Patient's Protection:**

1. Allergies and sensitivities: Is there a history of skin or other untoward reaction or sickness following injection or oral administration of:

Penicillin	Yes	No	Iodine or methiolate	Yes	No
Morphine, codeine, demerol or other narcotics	Yes	No	Hypotensives (blood pressure medications)	Yes	No
Lidocaine or other anesthetics	Yes	No	ACTH	Yes	No
Sulfa drugs	Yes	No	Anticoagulants	Yes	No
Tetanus antitoxin or other serums	Yes	No	Cortisone	Yes	No
Tranquilizers	Yes	No			

2. Has swimmer ever received treatment for (if yes, circle condition) Asthma? Rheumatism? Rheumatic Fever?
3. Any other drug or medication? (Describe): \_\_\_\_\_
4. Any food allergies such as egg, peanuts, milk, chocolate? (Describe): \_\_\_\_\_
5. Allergy to insect bites, bee stings, other? (Describe): \_\_\_\_\_
6. Date of last Tetanus booster? \_\_\_\_\_
7. Other physical conditions of which we should be aware? \_\_\_\_\_

**Emergency Information**

Home Address: \_\_\_\_\_

Father: \_\_\_\_\_ Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Primary Care Physician: Phone #: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Dental Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Phone # of insurance company to obtain authorization for emergency treatment (usually an 800 number): \_\_\_\_\_

\_\_\_\_\_  
Parent /Guardian Name (Print) Signature Date

**Please staple a copy of the insurance card to the right hand corner of this page.**

CHECK # \_\_\_\_\_ USA# \_\_\_\_\_ Age as of 8/5/15 \_\_\_\_\_ SEX \_\_\_\_\_

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ TEAM \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Swimmer's Cell # \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_ Will you be attending the After Meet Social? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE FILL OUT THIS APPLICATION COMPLETELY. **SUBMIT ALL YOUR BEST TIMES SINCE THE 2013 WESTERN ZONES CHAMPIONSHIPS FOR ALL EVENTS.** EACH SWIMMER WILL BE SWIMMING IN UP TO SIX INDIVIDUAL EVENTS AND ON RELAYS. **WRITE IN TIMES ONLY IF TIMES NOT IN SWIMS.**

↓ NUMBER YOUR EVENTS IN ORDER OF PREFERENCE

This will help the staff to select your events, once entries have been submitted; changes might not be made.

EVENT	PREFERENCE	LONG COURSE TIME	SHORT COURSE TIME	DATE	QUALIFYING MEET
50 FREE		CUT: Y N			
100 FREE		CUT: Y N			
200 FREE		CUT: Y N			
4/500 FREE		CUT: Y N			
8/1000 FREE		CUT: Y N			
1650/1500 FR		CUT: Y N			
50 BACK		CUT: Y N			
100 BACK		CUT: Y N			
200 BACK		CUT: Y N			
50 BREAST		CUT: Y N			
100 BREAST		CUT: Y N			
200 BREAST		CUT: Y N			
50 FLY		CUT: Y N			
100 FLY		CUT: Y N			
200 FLY		CUT: Y N			
200 IM		CUT: Y N			
400 IM		CUT: Y N			

**Do you want to participate in the open water swim? YES \_\_\_\_\_ No \_\_\_\_\_**





**SAN DIEGO-IMPERIAL SWIMMING**

**2015 CLUB COACH QUESTIONNAIRE REGARDING ZONE PARTICIPANT**

1. Does the swimmer require a special type of warm-up for prelims and/or finals?

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2. Are there special instructions regarding their races (splits etc)?

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3. Are there any special considerations or needs that need to be addressed regarding your swimmer?

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4. Has your swimmer been working out the entire 2015 Long Course Season?

Yes No \_\_\_\_\_  
Coaches' signature

If no, please give duration of workouts during the 2015 Long Course Season.

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5. \_\_\_\_\_

Team Coach

Signature



**SAN DIEGO-IMPERIAL SWIMMING**

# 2015 WESTERN ZONE CHAMPIONSHIPS TEAM APPLICATION

## CHECK LIST

- \_\_\_\_\_ COPY OF INSURANCE CARD (FRONT AND BACK) STAPLED TO PAGE 8
- \_\_\_\_\_ PRINT OUT OF BEST LC TIMES FROM USA SWIMMING WEBSITE STAPLED TO PAGE 9
- \_\_\_\_\_ PRINT OUT OF BEST SC TIMES FROM USA SWIMMING WEBSITE STAPLED TO PAGE 9
- \_\_\_\_\_ PAGES 7-10 COMPLETED WITH SIGNATURES