

SAN DIEGO-IMPERIAL SWIMMING
1511 Morena Blvd., San Diego, CA 92110 (619) 275-1292

2010 USA SWIMMING WESTERN ZONE CHAMPIONSIPS INFORMATION SHEET

Date of Meet: August 10-14, 2010
Location: Frank Fiscalini International Swim Center,
 Independence High School, 627 N. Jackson Ave, San Jose, CA. 95133

Cost: \$550 for swimmers 13-18.
12/U swimmers who make the team travel with their parents, other friend's parents or make arrangements for their travel including lodging, supervision, food and transportation. This is to meet the requests of many parents, to provide an atmosphere encouraging championship swimming, the lead of many other teams, and understanding that a week's travel is a new experience for many younger swimmers. SI swimming will attempt to book extra rooms at team hotel, provide the opportunity to have meals with the 13/18 swimmers and have seats available on the flight. These will be available through the SI Office, if available, and on a first come, first served basis. Coaching for these swimmers, as for all on the team, will be provided by the Zone staff. There will be a stipend of up to \$500 for 12/under swimmers who complete all requirements that are set by the Zone Staff.

All event entries will be made by the Zone staff.

Depart Date: Monday August 9, 2010 **Return:** Sunday August 15, 2010
Head Coach: Sean Redmond: (760) 728-9244 **email:** seanmary@aol.com

Eligibility: All swimmers must have a minimum of two LC qualifying times to be considered for the team. Swimmers with five LC qualifying times will be granted automatic selection. The team will consist of up to 48 13-18 with a max of 60 swimmers.

Entry deadline: Swimmers must submit a **COMPLETE ZONE PACKET by Saturday, July 24, 2010.** Updates will be accepted on July 25th provided that a complete application was received by the 24th by the end of the meet.

Team Selection:

- In order to apply the swimmer must have at least two (2) long course qualifying times. Times must have been achieved since the 2009 Western Zone Championships through the application deadline.
- Applications will be accepted after July 1, 2010. Applications must be received no later than July 24, 2010.
- Applications must be sent to the SI Office until July 12; after July 12 send directly to the Head Coach.
- Swimmers with 5 (five) or more, long course qualifying times 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 be 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)13-18.
- Swimmers 12 and under, may receive a stipend from SI Swimming of up to \$_____ after the meet. Swimmers will be required to turn in receipts within 30 days to receive stipend. Swimmers not competing in all events that they are entered, comply 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 discipline action.

- **Swimmers must attend ALL sessions (regardless of their individual entries), meetings, work-outs, etc as determined by the head Zone Coach. Early departure from the Team or late arrival is NOT permitted.**
- **The SI Office will maintain a list of those calling and offering to take other swimmers and those looking for a chaperone for their child.. The SI Swimming is not responsible for arranging, coordinating or conduct of any such arrangements and will function as an information clearinghouse only.**
- 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 un-funded 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 Disability & Open Water Championships, may not compete in the meet.
- ***Swimmers, to be selected for the 2010 SI Zones Team must agree not to compete in any athletic competition between July 26, 2010 and the beginning of Zones. Violation of this rule will result in dismissal from the team.***

Team All applicants will be notified of team status by 9:00 pm, July 26, 2010.

Notification **ALL TEAM MEMBERS WILL BE REQUIRED TO ATTEND**

& Meeting: **A MANDATORY MEETING ON TBA AT A PLACE TO BE DETERMINED.**

Travel Rules: All, 13-18 year old, swimmers must remain part of the team from departure until the conclusion of the meet. At the conclusion of the meet, a swimmer may be released to his/her parents only if a written request is submitted to the team manager or head coach at least **48 hours PRIOR to departure from San Diego.**

12 and under swimmer 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 member entered into the Zone Meet, including the 12/U, will receive the:
Team Shirts Team caps Team jacket

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. Parents will be able to sit with the team, if the area is open to non-athletes and staff.

Saturday evening there will be a swimmers social event at the Silver Creek SportsPlex (800 embedded Way San Jose, CA. 95148). This activity is open to all participants, coaches, officials and family members and friends. The LSC will pay for the swimmers and SI staff. The cost is \$30 at the door for any others who might be interested.

WOMEN			MEN	
2008 12 th place	2010 zone cut	AGE/EVENT	2010 Zone Cut	2008 12 th place
	LCM	10 & UNDER	LCM	
32.48	33.29	50 FREE	33.09	33.09
1:12.29	1:12.29	100 FREE	1:12.79	1:12.79
2:36.79	2:39.09	200 FREE	2:38.09	2:38.09
39.39	:39.39	50 BACK	39.49	39.49
1:23.56	1:24.89	100 BACK	1:25.09	1:25.09
43.59	44.29	50 BREAST	44.99	44.32
1:33.39	1:36.69	100 BREAST	1:37.89	1:36.26
35.86	36.79	50 FLY	36.79	36.79
1:24.44	1:25.09	100 FLY	1:24.49	1:24.49
2:57.77	2:58.59	200 IM	2:59.59	2:59.59

WOMEN			MEN	
2008 12 th place	2010 zone cut	AGE/EVENT	2010 Zone Cut	2008 12 th place
	LCM	11-12	LCM	
29.36	29.39	50 FREE	29.59	29.43
1:04.10	1:04.69	100 FREE	1:04.29	1:04.29
2:19.25	2:20.59	200 FREE	2:19.79	2:18.67
4:54.83	4:56.49	400 FREE	4:55.59	4:52.21
34.42	34.59	50 BACK	34.89	34.78
1:13.68	1:14.19	100 BACK	1:15.09	1:13.67
38.34	38.59	50 BREAST	38.29	38.29
1:22.75	1:24.09	100 BREAST	1:24.49	1:23.96
31.87	32.39	50 FLY	32.49	32.41
1:11.75	1:12.49	100 FLY	1:12.89	1:12.89
2:38.63	2:38.79	200 IM	2:38.99	2:37.44

WOMEN			MEN	
2008 12 th place	2010 zone cut	AGE/EVENT	2010 Zone Cut	2008 12 th place
	LCM	13-14	LCM	
28.89	28.89	50 FREE	27.29	26.64
1:02.69	1:02.69	100 FREE	58.99	58.24
2:15.09	2:15.09	200 FREE	2:08.09	2:07.71
4:43.99	4:43.99	400 FREE	4:31.99	4:31.76
9:44.71	9:51.69	800 FREE	9:28.49	9:23.93
18:39.14	18:55.69	1500 FREE	18:06.09	17:47.62
1:11.47	1:11.59	100 BACK	1:08.09	1:08.09
2:31.87	2:33.29	200 BACK	2:25.89	2:25.46
1:20.89	1:20.89	100 BREAST	1:15.99	1:14.71
2:54.09	2:54.09	200 BREAST	2:45.39	2:41.62
1:09.59	1:09.59	100 FLY	1:05.19	1:04.11
2:34.04	2:35.49	200 FLY	2:26.99	2:26.99
2:30.99	2:30.99	200 IM	2:25.09	2:25.09
5:19.34	5:25.79	400 IM	5:08.59	5:07.47

WOMEN			MEN	
2008 12 th place	2010 zone cut	AGE/EVENT	2010 Zone Cut	2008 12 th place
	LCM	15-16	LCM	
28.54	28.99	50 FREE	26.29	26.08
1:02.19	1:02.89	100 FREE	57.49	57.32
2:14.25	2:15.59	200 FREE	2:05.79	2:05.22
4:42.76	4:44.69	400 FREE	4:26.79	4:24.03
9:47.46	9:53.69	800 FREE	9:20.89	9:15.79
18:37.55	19:01.49	1500 FREE	18:03.69	17:37.48
1:11.89	1:11.89	100 BACK	1:06.19	1:05.41
2:33.74	2:34.69	200 BACK	2:23.79	2:21.18
1:19.59	1:19.59	100 BREAST	1:14.39	1:14.39
2:54.52	2:55.99	200 BREAST	2:43.09	2:42.07
1:08.69	1:09.89	100 FLY	1:03.39	1:02.62
2:35.80	2:37.09	200 FLY	2:23.89	2:21.38
2:34.32	2:34.99	200 IM	2:22.39	2:21.39
5:24.23	5:27.39	400 IM	5:04.59	5:00.65

WOMEN			MEN	
2008 12 th place	2010 zone cut	AGE/EVENT	2010 Zone Cut	2008 12 th place
	LCM	17-18	LCM	
29.57	29.89	50 FREE	26.59	26.59
1:03.59	1:05.09	100 FREE	58.39	58.39
2:21.03	2:21.19	200 FREE	2:07.99	2:07.83
4:56.95	5:00.19	400 FREE	4:35.49	4:35.52
10:22.20	10:26.09	800 FREE	9:38.69	9:38.69
20:18.79	20:18.79	1500 FREE	18:38.59	18:31.82
1:13.98	1:16.69	100 BACK	1:09.19	1:07.77
2:41.09	2:44.79	200 BACK	2:31.29	2:29.40
1:24.91	1:25.99	100 BREAST	1:17.39	1:16.73
3:01.61	3:07.79	200 BREAST	2:51.09	2:49.91
1:12.42	1:13.69	100 FLY	1:04.99	1:03.42
2:51.59	2:51.59	200 FLY	2:33.69	2:26.58
2:39.06	2:40.69	200 IM	2:26.49	2:26.49
5:42.02	5:52.39	400 IM	5:22.09	5:18.52

**SAN DIEGO-IMPERIAL LSC
USA SWIMMING, INC
1511 Morena Blvd., San Diego, CA 92110
619.275.1292**

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. Use of alcohol by those having direct responsibility for swimmers is also prohibited. 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 by his/her parents prior to completion of Saturday evening 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 approval for early release is granted by the Team Manager, 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

DAILY EVENT SUMMARY

Age Group	10 and Under	11 and 12	13 and 14 15 and 16 17 and 18
Tuesday		400 Freestyle Relay	1500 Freestyle 400 Freestyle Relay
Wednesday	100 Backstroke 100 Breaststroke 50 Freestyle 200 Medley Relay	100 Backstroke 100 Breaststroke 50 Freestyle 400 Medley Relay	200 Backstroke 200 Breaststroke 50 Freestyle 400 Medley Relay
Thursday	50 Butterfly 200 Individual Medley	400 Freestyle 50 Butterfly 200 Individual Medley	100 Butterfly 200 Freestyle 400 Individual Medley
Friday	100 Butterfly 50 Breaststroke 200 Freestyle	100 Butterfly 50 Breaststroke 200 Freestyle 200 Medley Relay	200 Butterfly 100 Breaststroke 400 Freestyle 200 Medley Relay
Saturday	50 Backstroke 100 Freestyle 200 Freestyle Relay	50 Backstroke 100 Freestyle 200 Freestyle Relay	100 Backstroke 100 Freestyle 200 Individual Medley 800 Freestyle 200 Freestyle Relay

DECLARATION

I have read and understand the Code of Conduct and accept all the rules, regulations and conditions as outlined therein and in the Zone Team information sheets (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 on any future team or receive SI team travel funding.
4. All other disciplinary actions as deemed appropriate by the LSC and team staff.

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

Evening: _____

Name

Relationship

Number

Special diet request: _____

Roommate request: _____

SAN DIEGO-IMPERIAL, LSC,
USA SWIMMING, INC
1511 Morena Blvd, San Diego, CA 92110
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AUTHORIZATION TO TREAT A MINOR: CONFIDENTIAL FORM

I/we, the undersigned parent(s) or legal guardian of _____, a minor, do hereby authorize San Diego-Imperial Swimming LSC, Inc. to consent to any x-ra examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care rendered under the general or special supervision and upon the advise 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 Mgr. 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:

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

- 1. Penicillin yes no
- 2. Morphine, codeine, Demerol or other narcotics? yes no
- 3. Novocain or other anesthetics? yes no
- 4. Aspirin, emperin or other pain remedies? yes no
- 5. Sulfa drugs? yes no
- 6. Tetanus, antitoxin or other serums? yes no
- 7. Iodine or methiolate? yes no
- 8. Cortisone? yes no
- 9. ACTH? yes no
- 10. Anticoagulants? yes no
- 11. Tranquilizers? yes no
- 12. Hypotensives (high blood pressure medicines?) yes no
- 13. Peanuts/ tree nuts yes no
- 14. Has swimmer ever received treatment for (if yes, circle condition) Asthma? Rheumatism? Rheumatic Fever?
- 15. Any other drug or medication? (Describe): _____
- 16. Any foods such as egg, milk, chocolate? (Describe): _____
- 17. Allergy to insect bites, bee stings, other? (Describe): _____
- 18. Date of last Tetanus booster? _____
- 19. 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 8/10/10 _____ SEX _____

NAME _____ PHONE (____) _____

ADDRESS _____ TEAM _____

City _____ Zip _____

E-Mail _____ Swimmer's Cell # _____

SHORT SIZE _____ T-SHIRT SIZE _____ JACKET SIZE _____ Social _____

PLEASE FILL OUT THIS APPLICATION COMPLETELY. **SUBMIT ALL YOUR BEST TIMES SINCE 2009 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

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			

2010 CLUB COACH QUESTIONNAIRE REGARDING ZONE PARTICIPANT

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

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

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

4. Has your swimmer been working out the entire 2006 Long Course Season?

Yes No _____
Coaches' signature

If no, please give duration of workouts during the 2006 Long Course Season.

5. _____
Team Coach Signature

CHECK LIST

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