



SAN DIEGO-IMPERIAL SWIMMING

2017 15-18 NACC TEAM APPLICATION

(11-14 year old are to use the 2017 Western zone Application)

- Date of Meet:** August 4-6, 2017
- Location:** UCSD aquatic Center
- Cost:** \$225
- Meet Coordinator:** Sean Redmond (760) 728-9244 Email: seanmary@aol.com
1335 Via Del Oro, Fallbrook, CA 92028
- Head Coach:** Don Watkins (760) 980-3278 Email: watkins@aol.com
- Eligibility:** All 15-18 swimmers must have a minimum of one (1) NACC qualifying times to apply and be considered for the team. 11-14 swimmers must have a minimum of one (1) 2017 Western Zone qualifying times to apply and be considered for the team. **The Selection Committee reserves the right to limit the team to up to 8 swimmers per age group per gender.**
- Entry deadline:** Swimmers must submit a **COMPLETE PACKET by Saturday, July 29, 2017**, at the conclusion of the prelims of the Junior Olympics. Updates will be accepted July 30th provided that a completed application is received by the 29th, by the end of prelims.
- Team Selection:**
- In order to apply the swimmer must have at least one (1) NACC qualifying time. Times must have been achieved since the 2016 San Diego Imperial LC Championships through the application deadline.
 - Applications will be accepted after July 1, 2017. Applications must be received no later than July 29, 2017.
 - Applications may be mailed to Sean Redmond (see address above), and must be received by Monday July 24, 2017 or may be turned in at the LC JO's.
 - 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' submitted times.
 - **SWIMMER'S COPY: PAGES 1-4** **ZONE STAFF COPY: PAGES 5-8**
 - 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 Coach. Early departure from the Team or late arrival is NOT permitted.
 - Team Staff, in a funded or unfunded role, must abide by the SI Swimming Code of Conduct.
- Notification:** All applicants will be notified of their team status by 9:00 pm, July 30, 2017.
- Travel Rules:** All swimmers must provide their own transportation to UCSD. Swimmers are not allowed to drive themselves or to have their cars left on campus. Swimmers will be housed in the dorms and meals will be provided at UCSD.

Uniform: Team members entered into the NAAC Meet will receive the following: Team Shirt and Team cap.

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: Swimmers will be transported by their parents to the meet on the first day and will be picked up on the last day of the meet. Swimmers will be housed at UCSD and must remain with the team from the beginning until the release by the Head Coach.



SAN DIEGO-IMPERIAL SWIMMING

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

2017 zone cut AGE/EVENT 2017 zone cut

	YARDS	LCM	11-12	LCM	YARDS	
	25.79	29.49	50 FREE	29.39	25.79	
	56.89	1:04.79	100 FREE	1:03.99	56.19	
	2:03.39	2:20.09	200 FREE	2:19.19	2:02.49	
	5:30.39	4:54.89	400/500 FREE	4:55.69	5:31.29	
	30.49	34.49	50 BACK	34.49	30.59	
	1:05.59	1:13.99	100 BACK	1:13.99	1:05.59	
	2:25.39	2:43.79	200 BACK	2:41.89	2:23.69	
	33.69	38.39	50 BREAST	37.99	33.29	
	1:13.79	1:23.89	100 BREAST	1:23.79	1:13.69	
	2:43.99	3:05.99	200 BREAST	3:02.59	2:40.89	
	28.49	32.29	50 FLY	32.09	28.29	
	1:03.69	1:12.09	100 FLY	1:11.79	1:03.49	
	2:28.39	2:47.59	200 FLY	2:45.69	2:26.79	
	2:20.09	2:38.69	200 IM	2:37.39	2:18.99	
	5:08.89	5:49.19	400 IM	5:44.09	5:04.19	

2017 zone cut AGE/EVENT 2016 zone cut

	YARD	LCM	13-14	LCM	YARDS	
	25.19	28.79	50 FREE	26.99	23.59	
	54.69	1:02.29	100 FREE	58.59	51.39	
	1:58.79	2:15.09	200 FREE	2:07.39	1:51.89	
	5:13.99	4:40.19	400/500 FREE	4:31.29	5:04.69	
	11:01.79	9:50.69	800/1000 FREE	9:28.69	10:37.19	
	18:30.29	18:52.49	1500/1650 FREE	18:12.09	17:50.69	
	1:02.69	1:10.79	100 BACK	1:07.39	59.69	
	2:14.69	2:31.89	200 BACK	2:24.99	2:08.49	
	1:11.09	1:20.89	100 BREAST	1:15.29	1:05.99	
	2:32.99	2:53.89	200 BREAST	2:44.29	2:24.39	
	1:00.79	1:08.89	100 FLY	1:04.49	56.89	
	2:16.79	2:34.59	200 FLY	2:25.89	2:08.99	
	2:14.99	2:32.99	200 IM	2:24.09	2:06.89	
	4:46.79	5:24.69	400 IM	5:06.99	4:30.79	

Girls	15-18	Boys
29.49	50 FREE	26.72
1:03.54	100 FREE	58.10
2:17.60	200 FREE	2:07.10
4:53.32	400 FREE	4:36.79
10:19.73	800 FREE	9:39.99
20:04.82	1500 FREE	18:53.54
1:14.53	100 BACK	1:09.78
2:43.43	200 BACK	2:32.15
1:25.42	100 BREAST	1:19.09
3:05.91	200 BREAST	2:56.21
1:10.07	100 FLY	1:04.53
2:48.78	200 FLY	2:39.77
2:37.20	200 IM	2:25.12
5:46.98	400 IM	5:24.61



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

Evening: _____

Name

Relationship

Number

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 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 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:

2. Penicillin	Yes	No	Iodine or methiolate	Yes	No	Has
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				

- Any other drug or medication? (Describe): _____
- Any food allergies such as egg, peanuts, milk, chocolate? (Describe): _____
- Allergy to insect bites, bee stings, other? (Describe): _____
- Date of last Tetanus booster? _____
- 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 8/4/17 _____ SEX _____

NAME _____ PHONE (____) _____

ADDRESS _____ TEAM _____

City _____ Zip _____

E-Mail _____ Swimmer's Cell # _____

T-SHIRT SIZE _____

PLEASE FILL OUT THIS APPLICATION COMPLETELY. **SUBMIT ALL YOUR BEST TIMES SINCE THE 2016 SILC 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			



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SWIMMING**

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CHECK LIST

- _____ COPY OF INSURANCE CARD (FRONT AND BACK) STAPLED TO PAGE 6
- _____ PRINT OUT OF BEST LC TIMES FROM USA SWIMMING WEBSITE STAPLED TO PAGE 7
- _____ PRINT OUT OF BEST SC TIMES FROM USA SWIMMING WEBSITE STAPLED TO PAGE 7
- _____ PAGES 5-7 COMPLETED WITH SIGNATURES