



2024 Pacific Northwest Swimming Western Zone Team Athlete Application

Parents and athlete's need to fill out this application together. You'll need the following:

1. Swimmer's USA Swimming ID Number
 - a. This can be found on their USAS ID card accessed through your usaswimming.org login
2. Coach's phone number and email address
3. Copy of athlete's medical insurance card (front and back)
4. Copy of athlete's dental insurance card
5. Athlete's LCM best times for qualifying events
 - a. SCY/SCM qualifying events will still submit LCM times

Once the application is submitted, contact your swimmer's coach to have them complete the Coach's Participation Guidelines agreement.

Families should wait to fill out the application until athletes can compete at 1 or more LCM swim meets in 2024.

Applications are due July 1st at 11:59PM.



2024 Pacific Northwest Swimming Western Zone Team Athlete Application

Athlete's Name:

Age (as of August 7, 2024):

Birth Date:

Gender: Male: Female:

Parent's Name:

Parent's Signature:

Check Off Each Item:

- Summary Check-Off Page with **all** items "checked off"
- Athlete Registration Information
- Athlete Code of Conduct
- Authorization for Consent To Emergency Treatment Of A Minor
- Consent to Travel to Boise, Idaho
- Liability Release & Indemnification Form for Minor Travel
- Parent Participation Guidelines
- Parent Verification
- Qualifying Events and Times
- Apparel Selection
- Check made out to PNS for Athlete participation (see Information Packet)



2024 Pacific Northwest Swimming Western Zone Team Athlete Application

ATHLETE REGISTRATION INFORMATION

Swimmers Name:

Birth Date:

Age on Aug 7, 2024:

Address:

City/Zip:

USA Swimming ID #

Gender: M F

Athlete Cell #:

Club Information:

Club:

Coach:

Coach's Phone #:

Coach's Email:

Parent Information:

Parent/Guardian:

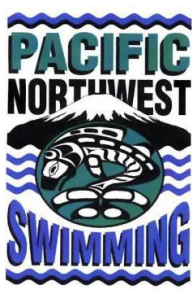
Address:

Phone #:

Secondary Phone #:

Email Address 1:

Email Address 2:



2024 Pacific Northwest Swimming Western Zone Team Athlete Application

ATHLETE CODE OF CONDUCT

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 Chair, 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.

(Printed Name of Athlete) _____ (Signature) _____ Date: _____

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



2024 Pacific Northwest Swimming Western Zone Team Athlete Application

AUTHORIZATION TO CONSET FOR EMERGENCY TREATMENT OF A MINOR

I/we, the undersigned parent(s) or legal guardian of _____, 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 their own medication, if any is required? Y N

List any prescription medication, dietary supplements, or other drugs being brought on this PNS trip:

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):

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. Drugs including dietary supplements taken within the past 6 months?

20. Other physical conditions or special food requirements of which we should be aware?

Emergency Contact Information:

Name:

Phone Number:

Relationship:

Physician:

Phone #:

Medical Insurance:

Policy #:

Dental Insurance:

Policy #:

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

Parent /Guardian Name (Print)

(Signature)

Date

NOTE: Swimmer must bring their Medical Plan Card.



2024 Pacific Northwest Swimming Western Zone Team Athlete Application

CONSENT TO TRAVEL TO BOISE, IDAHO FOR ATHLETE TO PARTICIPATE

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 Athlete)

permission for our Son/Daughter to travel to **Boise, ID** to compete at the Western Zone Meet with **Coaching Staff, Team Manager, and Chaperones for Pacific Northwest Swimming** during the period **August 6-11, 2024**

Parent/Guardian #1 Signature:

Date:

Parent/Guardian #2 Signature:

Date:



2024 Pacific Northwest Swimming Western Zone Team Athlete Application

LIABILITY RELEASE & INDEMNIFICATION FORM FOR MINOR TRAVEL

I, the undersigned participant and parent, request voluntary participation for minor to participate in the Western Zone Age Group Championship Meet activity starting August 6, 2023 (date) which begins at and ends on August 11, 2023 (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.

(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.

(Print Name of Parent/Legal Guardian)

(Signature of parent)

(Date)

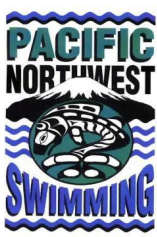
Indemnification by Parent/Guardian:

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.

(Print Name of Parent/Legal Guardian)

(Signature of parent)

(Date)



2024 Pacific Northwest Swimming Western Zone Team Athlete Application

PARENT PARTICIPATION GUIDELINES

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.

(Printed Name of Parent/ Legal Guardian)

(Signature)

Date:

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: YES or NO

(Printed Name of Parent/ Legal Guardian)

(Signature)

Date:



2024 Pacific Northwest Swimming Western Zone Team Athlete Application

PARENT VERIFICATION

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

(Printed Name of Parent/ Legal Guardian)

(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: YES or NO

(Printed Name of Parent/ Legal Guardian)

(Signature)

Date:



2024 Pacific Northwest Swimming Western Zone Team Athlete Application

QUALIFYING EVENTS AND TIMES

Name:

NOTE: On the chart below list **your best LCM times in qualified events**. Indicate where a qualifying time has been achieved with only a non-conforming course (SCY/SCM) rather than the time listed below.

Wednesday	LCM Time	SCY/SCM only Qualifying Event
11-12 400 IM		
10&U 50 Breast		
11-12 50 Breast		
13-14 100 Breast		
10&U 200 Free		
11-12 100 Free		
13-14 100 Free		
10&U 100 Back		
11-12 100 Back		
13-14 200 Back		
13-14 800 Free		

Thursday	LCM Time	SCY/SCM only Qualifying Event
10&U 100 Free		
11-12 200 Free		
13-14 200 Free		
10&U 50 Fly		
11-12 50 Fly		
13-14 100 Fly		
10&U 200 IM		
11-12 200 IM		
13-14 400 IM		
11-12 200 Back		

Friday	LCM Time	SCY/SCM only Qualifying Event
11-12 200 Fly		
10&U 100 Breast		
11-12 100 Breast		
13-14 200 Breast		
10&U 50 Back		
11-12 50 Back		
13-14 100 Back		
11-12 400 Free		
13-14 400 Free		

Saturday	LCM Time	SCY/SCM only Qualifying Event
13-14 200 IM		
10&U 50 Free		
11-12 50 Free		
13-14 50 Free		
10&U 100 Fly		
11-12 100 Fly		
13-14 200 Fly		
11-12 200 Breast		
13-14 1500 Free		



2024 Pacific Northwest Swimming Western Zone Team Athlete Application

APPAREL SELECTION

Swimmer Name:

Club Team:

Age:

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

(Printed Name of Parent/ Legal Guardian)

(Signature)

Date:



2024 Pacific Northwest Swimming Western Zone Team Athlete Application

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 PNS website. **This part of the application process will only be open to those that have been selected to the team.** This will allow the coaching staff easier access to your best times as we do the meet line-up and submit entries for the meet. 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>