

2014 SOUTH CAROLINA ZONE APPLICATION

Swimmers wishing to be considered for the 2014 South Carolina Zone Team must complete both sides of this form and return it to Brooke Carr, SCS Age-group Vice-Chair, by **February 15, 2014**. The coaches will consider only those swimmers whose application has been received by the deadline for selection. A **\$25.00** deposit must accompany this form and will be applied toward your expense for the meet. Please make checks payable to **South Carolina Swimming, Inc.** Your check will be shredded if the swimmer is not selected for the team. If a swimmer is chosen and fails to appear, the deposit will be forfeited and the swimmer will lose eligibility to apply for the next All-Star or Zone Meet. ***Remember this is a commitment to participate if selected.***

The 2014 Southern Zone Meet will be held July 29th – August 2nd in San Antonio, TX at the Northside Aquatics Center. Specific information will be given out prior to the meet to those swimmers making the team. Parents are expected to transport their swimmer from house to bus transportation for the trip. The LSC will provide each swimmer with 3 caps, 4 shirts, and also a Travel Duffle Bag. Swimmers will be allowed to bring this duffle bag and a swim bag, ANY OTHER BAGS THAT THE SWIMMERS WISH TO TRAVEL WITH WILL BE AT THE EXPENSE OF THE SWIMMER/PARENT NOT THE SCLSC. THE SCLSC WILL NOT UPFRONT THE MONEY FOR THESE BAGS EITHER, SWIMMERS MUST HAVE MONEY TO PAY AIRPORT FOR ADDITIONAL BAGGAGE. As for suits it is up to the swimmer and their club coach as to what type and style of suit they wish to wear but they must be on the approved list of suits by USA Swimming. **The total cost to each swimmer is \$500 (including meals, travel, activity, and room).** All athletes will be expected to adhere to the Athlete's Code of Conduct. **Any violations will result in the athlete being sent home and reimbursement made to the SCLSC for the total cost of the trip, see Code of Conduct.**

Zone age groups: 8 Girls and 8 Boys in the 11 – 12s & 13 – 14s, and 15 – 18s. Any questions regarding the application process should be directed to SCS Age-group Vice-Chair.

Name: _____ Team: _____

Address: _____ Date of Birth: _____

City: _____ Zip _____ USAS # : _____

Adult Shirt Size: _____ (S/M/L/XL)

Age July 29th, 2014: _____

Swimmers Signature: _____

Parents Signature: _____

Email Address: _____

Phone: _____ Date: _____

2014 SOUTH CAROLINA ZONE TEAM APPLICATION

NOTE: Please fill out your best times in each event. **You do not need AAA times to apply but you must have at least two to make the team.**

Also, this application is for those who wish to be considered based off the 2013-2014 short course season.

The cost per swimmer will be \$500 for the whole trip.

Applicants must list all **long course** times on this form, including date of the meet. All times **MUST** be from the current long course season. Any Club submitting fraudulent times will be fined **\$300.00**. Please also list your lifetime best times if your lifetime best time is not the current season best time.

Deadline to RECEIVE application is February 15th, 2014.

Send completed application with \$25.00 refundable deposit and make checks (**payable to South Carolina Swimming**) to:

Brooke Carr, SC Age-group Vice-Chair
2700 West Blue Ridge Dr.
Greenville, SC 29611
E-mail: coachbrooke@gcrd.org
Phone: 864-679-7946 ext. 2713

A detailed itinerary will be available in April.

SOUTHERN ZONE AGE GROUP CHAMPIONSHIPS

July 29th– August 2nd, 2014

MEDICAL CONSENT FORM

ATHLETE: _____

In the event an injury occurs during the swim meet, permission is granted to the coaching staff to provide needed First Aid treatment to such an injury. In the event an emergency situation arises, permission is also granted to the coaching staff to provide the needed emergency treatment to the athlete prior to his/her admission to a medical facility.

Permission is also granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the above-named athlete. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the coaching staff or the attending physician to contact me in the most expeditious way possible. If the coaching staff or physician is not able to communicate with me, the treatment necessary for the best interest of the above-named athlete may be given.

The coaching staff and swim team will not be responsible for medical expenses incurred as a result of injury. U.S.A. Swimming and the parents of the above-named athlete will assume financial responsibility for professional services rendered.

Parent's Signature: _____

Phone numbers where parents can be reached:

Home: _____ Work: _____ Cell: _____

Medical Insurance Co.: _____

Policy # _____

Name of Family Physician: _____

Physician's Phone: _____

Nearest Relative: _____ Phone: _____

Is your child allergic to any medications: _____ Yes _____ No

If yes, explain:

**Please provide a copy of insurance card with this
form. Thank you!**

SOUTH CAROLINA ATHLETE'S CODE OF CONDUCT

As a member of the 2014 S.C. Zone Team, I consent to abide by the below described rules of conduct and understand that violations may result in full or partial forfeiture of my privileges, or in other disciplinary proceedings:

1. The possession or use of alcohol, tobacco products or any non-prescribed drugs is prohibited.
2. Visitation by any members of the opposite sex in the hotel room is prohibited.
3. All swimmers will be in assigned rooms by the assigned curfew each night.
4. All swimmers will be required to attend all team meetings, training sessions and events unless excused by the coaching staff.
5. Any physical damage to a facility or loss of items in a hotel room (i.e. blankets, pillows, lamps, etc.) will be paid for by those individuals assigned to the room in which the damage or loss occurs.
6. Unauthorized room changes are prohibited.
7. All swimmers are expected to follow the directions of the coaching staff and chaperones.
8. Team members will refrain from all illegal or inappropriate behavior that would detract from a positive image of the team or be detrimental to its performance objectives.
9. Unacceptable behavior will not be tolerated, including but not limited to, the following:
 - a. Any act considered to be an offense under federal, state, or local laws.
 - b. Gross misconduct (i.e. inappropriate horseplay, theft, fighting, etc.)
 - c. Willful destruction of property (including that caused by horseplay, fighting, etc.).
10. The willful disabling of any smoke detector or tampering or interference in any way with any fire alarm system to include causing a false fire alarm (by pulling the fire alarm handle) will result in disciplinary action, which may include immediate dismissal from the team.
11. Team members will display proper respect and sportsmanship toward coaches, chaperones, officials, administrators, fellow competitors and the public.
12. Team members will adhere to any other restrictions and rules set forth by the head coach in concurrence with the coaching staff, chaperones, and team captains.
13. All swimmers must stay with the team at all times. Leaving the group or the premises where the team is staying or visiting is not permitted.
14. Team members are prohibited from possessing and using video equipment while on the trip **(including cell phones)**; this does not include still photography.
15. **The possession of cell phones and/or any similar electronic device(s) permitting two-way communication are prohibited by any athlete the entire duration of the trip.**
16. Failure to comply with the code of conduct may result in, but not necessarily be limited to, either or all of the following actions:
 - a. Upon notification of any violation of the code of conduct, a review committee, consisting of coaching staff, chaperones and team captains shall promptly investigate the circumstances of the violation, shall notify the individual(s) charged of the time for hearing, and shall conduct an informal hearing on the evidence.
 - b. The review committee shall then promptly determine what disciplinary action, if any, shall be taken.

- c. Swimmer(s) may be prohibited from participating in any or all Team activity;
- d. Swimmer(s) may be sent home;
- e. In case where swimmer(s) is sent home –
 - 1. The swimmer(s) parents/guardians are responsible for any and all travel arrangements and associated costs. It will be the parents/guardians responsibility to make the earliest travel arrangements possible.
 - 2. The swimmer(s) parents/guardians will be responsible for reimbursing the SCSLSC it's financial contribution to the athlete(s).

By signing this agreement, I hereby acknowledge these guidelines as set forth by South Carolina Swimming, the Age Group Chairman, the Head Coach, Coaching Staff and the Team Captains. I understand that the violation of these guidelines is cause for disciplinary actions as determined by the coaching staff, subject to my right to appeal.

Swimmer's Signature: _____

Date: _____

This is to certify that I, as parent/guardian of this athlete, have explained to my child the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in this trip conducted under the auspices of South Carolina Swimming.

Parent's Signature: _____

Name (please print): _____

Date: _____

