

**PVS 2007 LONG COURSE ZONE REGISTRATION**  
**REGISTRATION DEADLINE FOR 15/OVER SWIMMERS IS SUNDAY, JULY 15<sup>TH</sup>**  
**REGISTRATION DEADLINE FOR 14/UNDER SWIMMERS IS SUNDAY, JULY 22<sup>ND</sup>**  
 (Both deadlines are the close of the applicable Sunday Finals session)

Name	Age as of August 8, 2007
Address	M F
Phone	Gender
Email	Club
Athlete's USA Swimming Registration Number	
<i>NOTE: Registration will not be accepted without correct USA Swimming registration Number</i>	
Coach's Name	Coach's Phone
YES	NO
<i>If Yes, please complete Page 5 of this form.</i>	

*Swimmers with a Disability: Are you registering to be a member of the PVS Eastern Zone Team under provisions in the meet announcement pertaining to swimmers with a disability? **Please note:** PVS may only bring two 12 & Under swimmers and two 13-18 swimmers under this provision. In the event that PVS receives registrations in excess of these limitations, you will be contacted by the Zone Team Manager.*

**SELECTION OF RELAYS:** Relay teams will be selected by the Zone Team coaching staff. The position in a relay and/or the strokes swum in medleys will also be determined solely by the coaching staff.

**INDIVIDUAL EVENTS:** Swimmers will be entered into all events for which they qualify. In the event a swimmer exceeds the maximum entry limit, he/she will be contacted by the Zone Team Manager to discuss event entries.

**We have reviewed the information posted on the PVS website [http://www.pvswim.org/0607meet/07ez\\_lc\\_itr.htm](http://www.pvswim.org/0607meet/07ez_lc_itr.htm).** In submitting this registration we understand that the above named swimmer will be representing PVS, and as such, will follow all guidelines and codes of conduct established by Potomac Valley Swimming.

**We further acknowledge that we are aware that PVS will travel to and from Zones as a team this year.** This means we understand we must travel to the meet with the team—leaving Tuesday morning August 7<sup>th</sup> and returning Sunday afternoon, August 12<sup>th</sup>. We will stay at the team hotel, have meals with the team, and participate in other team activities unless officially excused by the Head Coach or Team Manager.

**A Request for registration fee refund must be received no later than 5PM, Monday, July 23<sup>rd</sup>**

Swimmer's Signature	Date
Parent's Signature	Date

**In addition to completing this form, please be sure you complete and submit the Supplemental Request for Information, PVS Code of Conduct and Apparel Order Form.**

**Mail completed registration to:** Jim Garner, 12904 Meadow View Drive, Gaithersburg, MD 20878 or fax to 301-977-6028  
*Note: If using Fed Express, UPS, etc, sign the waiver allowing for the service to leave your application without requiring a signature. **Registration fee of \$500 must accompany application.** Direct your inquiries regarding team applications to Dave Greene at 240-314-8755 or 301-910-2416 or [pvszone@pvswim2.org](mailto:pvszone@pvswim2.org)*

For PVS Use Only

\_\_\_\_\_ Date Received    \_\_\_\_\_ Payment Received    \_\_\_\_\_ Code of Conduct Signed    \_\_\_\_\_ Supplemental Information Received    \_\_\_\_\_ Apparel Order Form Received

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## POTOMAC VALLEY SWIMMING SUPPLEMENTAL REQUEST FOR INFORMATION

Swimmer information				
Last	First	Middle	Date of Birth	
Parent / Guardian Contact				
Last	First	Middle	Telephone	
			Home	
			Work	
			Other	
Non-Parent Emergency Contact Information				
Name		Relationship	Telephone	
Medical Insurance Information				
Medical Coverage Provider	Policy #	Group #	Subscriber #	

Permission to dispense:

Aspirin \_\_\_\_\_ Tylenol \_\_\_\_\_  
                   Yes                  No                    Yes                  No

Please note that our child is allergic to the following: \_\_\_\_\_

\_\_\_\_\_

List all medications and dosages that your child takes on a daily basis: \_\_\_\_\_

\_\_\_\_\_

I/we acknowledge that our child will be representing PVS, and as such will follow all guidelines and codes of conduct established by Potomac Valley Swimming. We further acknowledge that if our child violates one of the rules of the code of conduct he/she has the right to ask for a hearing before any discipline action is taken.

I, the undersigned parent/guardian, hereby authorize and agree to allow the necessary medical services to be administered to my son/daughter \_\_\_\_\_, if I cannot be contacted in the event of an emergency. I further agree to be responsible for the payment of emergency services not covered by my insurance.

\_\_\_\_\_

Signature of Parent

\_\_\_\_\_

Date

# PVS 2007 LONG COURSE ZONE REGISTRATION

## POTOMAC VALLEY SWIMMING CODE OF CONDUCT

All PVS competitive programs where athlete, coaches, or parent volunteers are sponsored by, or represents, PVS require them to accept the following Code of Conduct as a condition of participation.

I \_\_\_\_\_, as a member of PVS, understand that I represent Potomac Valley Swimming and I will do nothing to bring discredit upon PVS or myself. Therefore, I will not;

- Possess, steal, destroy, vandalize, or in any way endanger the safety or property of others.
- Possess or use illegal drugs or controlled substances, including tobacco products.
- Possess or use alcoholic beverages.

I understand that failure to comply with the above will result in immediate dismissal from the team and return home at my or my parent's expense. I further understand that additional sanctions may be imposed after a timely review by the PVS Board of Directors.

If I am participating as an athlete on a PVS team, I also promise to:

- Comply with any team rules, including nightly curfews, established by PVS, the team managers, or the coaching staff.
- Attend all team functions, including meetings, practices, meals, competitions and any other function designed by the team managers and/or coaches unless specifically excused by one of the above.
- Travel with the team unless other specific arrangements are made known and approved by the team manager or head coach.
- Compete in the events chosen by the coaching staff and attend all meet competition sessions as directed by the coaching staff.
- Comply with established uniform requirements.
- Maintain an open door when male and female athletes are in the same room.
- Abide by any additional guidelines established by the team manager or coaching staff to ensure the safety and well-being of team members.
- Act respectfully toward team members, coaches, officials, administrators, other volunteers and fellow athletes.

I understand that failure to comply with the above conditions of the Code will result in disciplinary action which may include, but is not limited to the following (listed in order of severity):

- Termination of participation in non-swimming team activities.
- Termination of participation in one or more swimming events.
- Dismissal from the team and return home at own expense
- Disqualification from future teams.
- Denial of future requests for PVS travel assistance.

I understand that I may appeal any disciplinary action in accordance with the PVS Bylaws.

<b>Athlete/Coach/Parent Volunteer</b>		<b>Date</b>	
<b>Parent or Legal Guardian if under 18</b>		<b>Date</b>	

PLEASE INCLUDE COPY OF BOTH FRONT AND BACK OF INSURANCE CARD

PVS 2007 LONG COURSE ZONE REGISTRATION



Potomac Valley Zone Team

2007 Long Course Order Form

SWIMMERS NAME: \_\_\_\_\_

\*\* IF YOU PARTICIPATED IN THE 2007 SC ZONE TEAM, YOU WILL NOT BE RECEIVING AN ADDITIONAL WARM-UP\*\*

Below is the apparel that PVS will be providing each swimmer:

2 PVS Red Latex Caps

TEAM SHIRTS:

2 PVS Short Sleeve T-SHIRTS (gray) YL S M L XL (CIRCLE ONE SIZE)

YOUTH WARMUP:

(Youth sizes come as a set, screen printed items are not returnable)

ALLIANCE WARM-UP (royal) YM YL (CIRCLE SIZE)

ADULT WARMUP (MENS CUT FOR ALL):

ALLIANCE JACKET (ROYAL) S M L XL XXL (CIRCLE SIZE) (SCREEN PRINTED ITEMS ARE NOT RETURNABLE)

ALLIANCE PANTS (ROYAL) S M L XL XXL (CIRCLE SIZE) (SCREEN PRINTED ITEMS ARE NOT RETURNABLE)

SUIT:

FEMALE

TYR FUSION (AEROBACK F) 22 24 26 28 30 32 34 36 38 (CIRCLE SIZE)

MALE

TYR FUSION (JAMMER) 22 24 26 28 30 32 34 36 38 (CIRCLE SIZE)

Optional:

TYR TRANSITION BACK PACK – (royal/gray) Quantity \_\_\_\_\_ @\$40.00each

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

Payment: VISA/MC/DISC \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ exp \_\_\_\_\_

\*\*If purchasing any optional equipment

CHECK# \_\_\_\_\_ Name \_\_\_\_\_

MAKE CHECK PAYABLE TO: Aardvark Swim & Sport, Inc.

\*\* Orders must be turned into PVS by the following dates\*\*

15-18 Boys and Girls

NO LATER THAN the last night of Finals at the PVS Junior/Senior Championships Sunday, July 15, 2007 at the Scratch Table

14 and Under Boys and Girls

NO LATER THAN the last night of Finals at the PVS 14 & Under LC Championships Sunday, July 22, 2007 at the Scratch Table

Questions / Corrections? Contact Mark Faherty 703-861-9089 fahertyswim@yahoo.com

# PVS 2007 LONG COURSE ZONE REGISTRATION

## Swimmers with a Disability Entry Form

Name \_\_\_\_\_

Club \_\_\_\_\_ LSC \_\_\_\_\_

USA Swimming # \_\_\_\_\_ Age first day of the meet \_\_\_\_\_

Swimmer email address \_\_\_\_\_

Swimmer phone number \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

Email address \_\_\_\_\_ Phone # \_\_\_\_\_

Please enter events below. The maximum number of events for any swimmer is six (6). Please indicate the swimmer's preference regarding seeding of their entry for each event. Please note that changing age groups may change the session & location that the swimmer swims. Changing the distance may change the date on which the swim occurs. Take these factors into consideration when selecting the seeding procedure for each event listed below. The meet staff has the final decision regarding seeding procedures.

Event #	Event Description	Entry Time	Seed with Age Group (same age, same distance)	Seed with Different Distance (same age different distance)	Seed with Comparable Time (younger age, distance depends on entry time)