

# PVS 2007 SHORT COURSE ZONE APPLICATION

Applications must be received by the Zone Team Coordinator  
for **14/U athletes no later than February 28, 2007**  
and for **15-18 year-old athletes by March 7, 2007.**

**APPLICANTS ARE STRONGLY ENCOURAGED TO APPLY BEFORE THE DEADLINE**

**NO LATE APPLICATIONS WILL BE ACCEPTED AFTER THE APPLICABLE DATE**

Name		Age as of March 29, 2007	
		M	F
Address		Gender	
Phone	Email for all Zone Correspondence	Club	

Athlete's USA Swimming Registration Number

*NOTE: Application will not be accepted without correct USA Swimming registration Number*

Coach's Name	Coach's Phone
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*Swimmers with a Disability: Are you applying to be a member of the PVS Eastern Zone Team under provisions in the meet announcement pertaining to swimmers with a disability (see pages 5-6 of Meet Invitation)?*

Yes      No      **If Yes, please complete Page 5**

Athletes must provide times to Zone Coordinator and Webmaster from Non-PVS meets that are not on PVS Zone Top 10 Lists. Event, time, name of meet and location are required. Meet must be sanctioned or swim must have been properly observed. **Deadline to submit requests to add observed swims to the database is Tuesday, February 27, 2007.**

A 13 and over athlete cannot go to the Eastern Zones if he or she has competed in an individual event or qualified for an individual event at any of the following meets: USA Swimming Juniors, USA Swimming Spring Championships (using the 18/U qualifying times), US Open, USA Swimming Nationals, or a Trials Class Meet. A 12 and under athlete may not enter this meet if he or she has participated in an individual event in any of the above meets.

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.

A list of applications will be posted promptly upon receipt. Please wait at least one week before inquiring about the status of any application submitted.

In submitting this application, we understand that a swimmer selected for this team will be representing PVS, and as such will follow all guidelines and codes of conduct established by Potomac Valley Swimming.

Swimmer's Signature	Date
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Parent's Signature	Date
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**Mail completed application to:** Paris Jacobs, 2314 Toddsbury Place, Reston, VA 20191 or fax to 202-318-2505.  
Direct your inquiries regarding team applications to Paris Jacobs at 571-238-7657 or pvszone@pvswim2.org

For PVS Use Only

\_\_\_\_ Date Rec'd    \_\_\_\_ Payment Rec'd    \_\_\_\_ Code of Conduct Signed    \_\_\_\_ Supplemental Info Rec'd    \_\_\_\_ Ins Card Rec'd    \_\_\_\_ Apparel Order Form Rec'd

# PVS 2007 SHORT COURSE ZONE APPLICATION

## POTOMAC VALLEY SWIMMING SUPPLEMENTAL REQUEST FOR INFORMATION

Swimmer information				
Last	First	Middle	Date of Birth	
Parent / Guardian Contact				
Last	First	Middle	Telephone	
			Home	
Address			Work	
			Other	
			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

**PLEASE INCLUDE COPY OF BOTH FRONT AND BACK OF INSURANCE CARD**

# PVS 2007 SHORT COURSE ZONE APPLICATION

## 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>	

# PVS 2007 SHORT COURSE ZONE APPLICATION



## 2007 Short Course Order Form

Please complete and submit this form with your Zone Application. If you wish to order the optional backpack, please so indicate but do **not** submit payment at this time. Payment will be collected at the Zone Team Meeting.

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

2 PVS Red Latex Caps

### **TEAM SHIRTS:**

PVS Short Sleeve T-SHIRT            YL            S            M            L            XL    (CIRCLE ONE SIZE)

PVS Long Sleeve T-SHIRT (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)

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### **Optional:**

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

**Do not submit payment at time of Zone Team Application.  
Payment will be due at Zone Team Meeting.**

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

PVS 2007 SHORT COURSE ZONE APPLICATION

**Swimmers with a Disability Entry Form**  
**Sanction # -----**

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. Each swimmer is limited to three (3) individual events per day and a total of six (6) events in the Meet. Please indicate the swimmer's preference regarding seeding of their entry for each event. Please note that changing age groups may change the session that the swimmer swims. Changing the distance may affect the day on which the swim occurs. Take these factors into consideration when selecting the seeding procedure for each event listed below. The Meet Referee 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)