PVS 2008 LONG COURSE ZONE REGISTRATION REGISTRATION DEADLINE FOR 15/OVER SWIMMERS IS SUNDAY, JULY 13TH REGISTRATION DEADLINE FOR 14/UNDER SWIMMERS IS SUNDAY, JULY 20th

(Both deadlines are the close of the applicable Sunday Finals session)

	Name	Age as of August 6, 2008 M F	
	Address	Gender	
Phone		Club	
	Athlete	e's USA Swimming Regist	ration Number
NOTE: Regis	stration will not b	e accepted without correc	et USA Swimming registration Number
	Coach's Nam	e	Coach's Phone
YES	Coach's Nam		Coach's Phone lete Page 5 of this form.

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.

8th

7th

We have reviewed the information posted on the PVS website http://www.pvswim.org/0708meet/08ez_lc_ltr.html. 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.

A Request for registration fee refund must be received no later than 5PM, Monday, July 23

Swimmer's Signature

available for relays if chosen. 6th

Date

9th

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.

Dave Greene 355 Martins Lane, Rockville, MD 20850 or fax to 240-314-8759 Mail completed registration to: 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 \$160.00 must accompany application. Direct your inquiries regarding team applications to Dave Greene at 240-314-8755 or 301-910-2416 or pvszone@pvswim2.org

For PVS Use Only

Date Received

_Payment Received _____Code of Conduct Signed _____Supplemental Information Received _____Apparel Order Form Received

POTOMAC VALLEY SWIMMING SUPPLEMENTAL REQUEST FOR INFORMATION

	Swimmer in	formation		
Last	First	Middle		Date of Birth
	Parent / Guard	lian Contact		
Last	First	Middle		Telephone
			Home	
Address			Work	
			Other	
			Other	
	Non-Parent Emergency	Contact Information		
Name		Relationship	Telephon	e
	Medical Insurance	ce Information		
Medical Coverage Provider	Policy #	Group #	Subscribe	er #

Permission to dispense:

Aspirin							
	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.

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.

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

PLEASE INCLUDE COPY OF BOTH FRONT AND BACK OF INSURANCE CARD

Athlete's Name____

Phone #____



2008 Long Course Zone Team Apparel Order Form

Please complete and submit this form with your Zone Application.

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

- 2 PVS Silver Latex Caps and 2 PVS T-Shirts (Please circle size of shirts below)
- 1 PVS Championship Swim Suit (Please circle size of suit below)
- If you did not compete on the 08 SC Zone Team (in April), you will also receive:
- 1 PVS Warm-Up (Please circle size of jacket and pants below)
- If you did compete on the 08 SC Zone Team (in April), you will also receive:
- 1 PVS Towel and 1 PVS Training Swim Suit (Please circle size of suit below)

TEAM T-SHIRTS (1 white and 1 grey)

PVS Short S	leeve T-SHIRTS (CIRCLE	1 SIZE	=)		YL		S		М		L	XL
<u>CHAMPIO</u>	<u>NSHIP SWIMSUIT</u>											
FEMALE	TYR FUSION (AEROBACK)	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)	

If you were not on the 2008 Short Course Zone Team (in April), select the following:

TEAM WARMUPS (Royal Jacket and Pants)

*Youth Warmup sizes come as a set; Women's sizes are smaller than the Men's sizes; **Item's are not returnable

Please choose either a Youth Set (one size for Jacket and Pants) or an Adult Jacket and Adult Pant:

YOUTH WARM-UP SET	YM		YL		(CIRCLE	SIZE)
OR Select <u>Men's</u> or <u>Women's</u> Adult size Jacket AND Pants below						
MEN'S ADULT JACKET MEN'S ADULT PANTS	S S	M M	L L	XL XL	XXL XXL	(CIRCLE SIZE) (CIRCLE SIZE)
WOMEN'S ADULT JACKET WOMEN'S ADULT PANTS	S	S M	M L	L XL	XL	(CIRCLE SIZE) (CIRCLE SIZE)

If you were on the 2008 Short Course Zone Team (in April), you will receive a Towel and a Training Swim Suit. Please select the size of the swim suit below:

FEMALE	TYR American Ace (MAXBACK)	22	24	26	28	30	32	34	36	38	(CIRCLE SIZE)
MALE	TYR American Ace (JAMMER)	22	24	26	28	30	32	34	36	38	(CIRCLE SIZE)

OPTIONAL EQUIPMENT (for Purchase):

*PVS Zone Team members are not allowed to wear apparel or use equipment with the logo of their club team.

3 Items available for PVS Zone Team Athletes to Purchase:		
1) TYR BACKPACK (Royal with embroidered PVS Zone Team logo):	\$40.00 each	QUANTITY:
2) TYR BEACH TOWEL (Black/White/Red with PVS Zone Team logo):	\$25.00 each	QUANTITY:
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3) TYR TRAINING SWIM SUIT (Circle size of suit in section above):	\$40.00 each	QUANTITY:
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Payment for "Optional Equipment" must be turned in with this form using a personal Check or Cashier's Check Should be made payable to Potomac Valley Swimming and must be made separate from the payment for PVS Zone Tean registration. Orders must be received by the registration deadlines.

Questions: Please contact Mark Faherty at fahertyswim@yahoo.com

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)