PVS 2007 LONG COURSE ZONE REGISTRATION PVS 2009 LONG COURSE ZONE REGISTRATION

REGISTRATION DEADLINE FOR 15/OVER SWIMMERS IS SUNDAY, JULY 19th REGISTRATION DEADLINE FOR 14/UNDER SWIMMERS IS SUNDAY, JULY 26th

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

	Name	Age as of August 12, 2009 M F			
	Address	Gender			
Phone		Club			
	Athlete's US	on Number			
NOTE: F	Registration will not be acce	epted without correct U	SA Swimming registration Number		
	Coach's Name		Coach's Phone		
YES		f Yes, please complete			
in the meet ann Under swimmer	ouncement pertaining to swin	nmers with a disability? Inder this provision. In the	PVS Eastern Zone Team under provisions Please note: PVS may only bring two 12 & event that PVS receives registrations in langer.		
	F RELAYS: Relay teams wes swum in medleys will also		one Team coaching staff. The position in a relay the coaching staff.		
			hich they qualify. In the event a swimmer exceeds fanager to discuss event entries.		
http://www.pvs	r will be representing PVS, ar	letter.html . In submitting	g this registration we understand that the above guidelines and codes of conduct established by		
means we under Sunday afternoon	erstand we must travel to the	e meet with the team—led at the team hotel, have	to and from Zones as a team this year. This eaving Tuesday morning August 7 th and returning meals with the team, and participate in other team er.		
A Request	for registration fee refu	und must be receive	ed no later than 5PM, Monday, Aug. 3 rd		
	Swimmer's Signature	<u> </u>	Date		
	Parent's Signature	<u> </u>	Date		
	ompleting this form, please /S Code of Conduct and Ap		and submit the Supplemental Request for		
Mail completed registration to:	requiring a signature. Registr	S, etc, sign the waiver allowing ation fee of \$500 must acc	ax to 240-314-8759 ing for the service to leave your application without ompany application. Direct your inquiries regarding -910-2416 or pvszone@pvswim2.org		
		For PVS Use Only			
Date Received	Payment ReceivedCod	e of Conduct SignedSupplen	nental Information Received Apparel Order Form Received		

POTOMAC VALLEY SWIMMING SUPPLEMENTAL REQUEST FOR INFORMATION

	Swimme	r information		
Last	First	Middle		Date of Birth
	Donast / Co	1: Ctt		
Last	First	uardian Contact Middle		Telephone
Last	Tilst	Wildaic	Home	Telephone
Address	+		Work	
Address			Other	
			Other	
Nama	Non-Parent Emerger	Relationship	Talanhar	20
Name		Relationship	Telephor	
	Medical Insur	rance Information		
Medical Coverage Provider	Policy #	Group #	Subscrib	er#
		•		
List all medications and do	sages that your chi	ld takes on a dail	y basis: _	
I/we acknowledge that our and codes of conduct estab our child violates one of th before any discipline action	lished by Potomac e rules of the code	Valley Swimmin	g. We furt	her acknowledge tha
I, the undersigned parent/g services to be administered if I cannot be contacted in payment of emergency ser	l to my son/daughte the event of an eme	erergency. I further		
Sign	nature of Parent			Date

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	



SWIMMERS NAME:				E-mail:							
** IF YOU PARTICIPA		THE 2								NOT	BE RECEIVING AN
Below is the apparel that F 2 PVS Silver Latex Caps	VS will b	e prov	vidinç	g ea	ch sw	imm	er:				
TEAM SHIRTS:											
2 PVS Short Sleeve T-Shirts	YL	S	S M		L		XL	XL (CIRCLE ONE		E ON	IE SIZE)
WARMUPS: *Screen printed items are not return	nable										
Adult sizes only: ALLIANCE JACKET (ROYAL)	S	М	L	_	XL		(CIRCLI		LE SI	ZE)	
ALLIANCE PANTS (ROYAL)	S	М	l	-	XL		(CIRCL		LE SI	ZE)	
SUIT: FEMALE TYR FUSION (AERO) MALE TYR FUSION (JAMM	•	22 22									(CIRCLE SIZE) (CIRCLE SIZE)
*** Those who participated on the 2 (equivalent in monetary value).	009 Short C	ourse	Zone T	eam	will be	receiv	ing a tr	aining	g suit	and a	bag,
Female Training Suit (lycra) Size Male Training Suit (lycra) Size		22 22		26 26	28 28		32 32	34 34	36 36	38 38	
Optional: TYR Back Pack PVS Zone Towel	Quan Quan	tity tity			@\$4 @ \$2		each) each	า			
Swimmer's Name										Ph	one#
Check#				Na	ame o	n Ch	eck _				

MAKE CHECK PAYABLE TO: PVS

15-18 Boys and Girls

NO LATER THAN the last night of Finals at the PVS Junior/Senior Championships Sunday, July 19, 2009 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 26, 2009 at the Scratch Table

^{**} Orders must be turned into PVS by the following dates:

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)