

## PVS 2010 LONG COURSE ZONE REGISTRATION

**Registration deadline for 15 & Over Swimmers is due Wednesday July 21, 2010**  
**Registration deadline for 14 & Under Swimmers is due Wednesday July 28, 2010**

<b>NAME:</b>		<b>Age</b> (as of 8/11/10):	
<b>ADDRESS:</b>			<b>M      F</b>
<b>PHONE:</b>	<b>EMAIL:</b>		<b>CLUB:</b>
<b>USA SWIMMING REGISTRATION NUMBER:</b> Note: Registration will not be accepted without correct USA-S registration number			
<b>COACH:</b>		<b>COACH'S PHONE:</b>	
<b>Swimmer with a Disability: YES NO</b> If YES, please complete the final page of this form. 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 & Over 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. Please circle the dates you are available for relays if chosen: Wed. 8/11   Thurs. 8/12   Fri. 8/13   Sat. 8/14

**Individual Events:** Swimmers will be entered into all events for which they qualify. In the event the 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.** 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 5:00 pm Monday, August 2, 2010**

<b>Swimmer Signature</b>		<b>Date</b>	
<b>Parent Signature</b>		<b>Date</b>	

**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:** Dave Greene, 355 Martins Lane, Rockville, MD 20850 or fax to 240-314-8759    NOTE: If using Fed Express, UPS, etc, please sign the waiver allowing for the service to leave your application without requiring a signature. The REGISTRATION FEE of \$160 must accompany the application. Direct your inquires regarding team applications to Dave Greene at 240-314-8755 or [pvszone@pvs2010.org](mailto:pvszone@pvs2010.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 Information			
Last Name	First	Middle	Date of Birth
Parent/Guardian Contact			
Name:		Phone:	
Address:		Work:	
		Cell:	
Non-Parent Emergency Contact Information			
Name	Relationship	Phone	
Medical Insurance Information			
Medical Coverage Provider	Policy #	Group #	Subscriber #

Permission to dispense:      Aspirin   YES    NO                      Tylenol   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.

<b>Parent Signature</b>		<b>Date</b>	
-------------------------	--	-------------	--

PLEASE INCLUDE COPY OF BOTH FRONT AND BACK OF INSURANCE CARD

## 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 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>	

Swimmer's Name:	Email:
-----------------	--------

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

- |                              |    |
|------------------------------|----|
| Youth Sweats (only as a set) | YL |
|------------------------------|----|

Alliance Pants (royal)    S    M    L    XL    (circle one size – adult sizes only)

- |   |                                    |    |    |    |    |    |    |
|---|------------------------------------|----|----|----|----|----|----|
| • | Suit: 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)             |    |    |    |    |    |    |

- Female training suit (lycra) 22 24 26 28 30 32 34 36 38 (circle size)

- Male training suit 22 24 26 28 30 32 34 36  
38 (circle size)

TYR Back Pack                      Quantity \_\_\_\_\_ @\$40 each  
PVS Zone Towel                      Quantity \_\_\_\_\_ @\$25 each

Apparel Forms are due with the Zone team application.  
Make check payable to: **PVS (Potomac Valley Swimming)**

## Swimmers with a Disability Entry Form

<b>Name:</b>	<b>Club</b>
<b>USA Swimming #:</b>	<b>Age</b> (as of 8/11/10)
<b>Email address:</b>	
<b>Phone number:</b>	
<b>Name of Person completing this form:</b>	
<b>Email address:</b>	
<b>Phone number:</b>	