

To: All Adirondack LSC Swim Clubs

June 1, 2018

Subject: Selection Process and Athlete Application for the 2018 Adirondack "Long Course" Zone Team

Dear Club Contact Person/Coach/Parent Volunteer:

You are requested to share the following information with all of the members of your respective swim team. Please take the time to disseminate and discuss this information with all of your club members, especially 10 & under swimmers. If there are any questions, please e-mail JoAnn Faucett at faucettjm@aol.com or call (518) 496-6136.

The 2018 Eastern Zone "Long Course" Championship Meet will be held Aug. 8 - 11, 2018 (Wednesday- Saturday), in Richmond VA. We (AD Zone Team) will be Leaving Tuesday, August 7th and Returning Sunday, August 12th.

General Qualification Criteria:

1. All athletes must be year round registered with Adirondack Swimming Inc. for the 2018 swim year.
(year round USA Swimming Registration is required, Seasonal Registrations are not accepted)
2. Age qualification for the meet is as of August 8, 2018.
To participate in a particular age group, a swimmer Must be that age on August 8, 2018.
3. An athlete must compete in the AD 2018 Long Course Championships.

Application Process and Qualifying Times:

1. Each swimmer must submit an application accompanied by an application fee:
Application fee is \$100 if received by the July 13, 2018 deadline. (\$25 non-Refundable)
Application fee if received after the deadline \$125. (\$50 non-Refundable)
to: JoAnn Faucett
4 Edwin Dr.
Charlton , NY 12019

Application fee will be applied to the cost of the trip package. A \$75.00 refund will be issued to those swimmers who apply, but do not qualify for the team. Those athletes who apply for the team and withdraw from consideration after July 16, 2018, will receive no refund. Exceptions will be made for medical or family emergencies that can be documented.

2. All times achieved at USA Swimming Sanctioned LC meets from August 8, 2017 through Adirondack Long Course Championships may be used to qualify for the 2018 Long Course Zone Team.
3. **APPLICATION DEADLINE IS JULY 13, 2018:** Applications received after July 13th will not displace any applicants who applied on time, but, may be put in to open events at the discretion of the Zone Selection Committee

Team Selection Criteria: For Long Course Zones each LSC may enter any swimmer who has achieved the meet qualifying time. There is no limitation to the number of qualifying swimmers that may be entered in an event.

If at least two swimmers have not achieved the meet qualifying time in an event, an LSC may enter their fastest one or two applicants. The following criteria applies to this situation:

1. If the LSC has only one swimmer or no swimmers who achieve the qualifying time in an event, they can send swimmers who are the fastest and second fastest applicants. Those swimmers must have achieved a minimum of "A" times in those events.
2. Swimmers may compete in a maximum of 6 events for this meet and no more than 3 events per day. If a swimmer qualifies in more than 6 events, that swimmer must declare their events by the end of prelims on Sunday of the Long Course Championships.
3. The Zone Selection Committee will determine the final make-up of the team.
4. Adirondack Swimming will provide two 55 passenger buses for team travel. Seat availability will be Athletes, Coaches and one (1) Parent for each 10 & Under Athlete. Any leftover seats will be available on a first come first served basis.
5. There is NO MEAL PLAN FOR SUMMER ZONES. Everyone is responsible to arrange for own meals.
6. **All qualifiers are responsible for making their hotel reservations through JoAnn Faucett. One rooming list will be submitted on July 23, 2018. Families are responsible for payment of their own room.**

We will be staying at: Hampton Inn Richmond South, 4300 Commerce Road, Richmond, VA 23234 ... (804) 743-3550

The price is \$121/night + 13% tax, which includes Breakfast. All rooms have 2 Queen Beds and are ALL Non-Smoking.

Reservations can be made through the conclusion of AD Long Course Championships, July 22nd. Please reserve when you know you are attending the meet, Don't wait Until the Last Minute to Reserve.

JoAnn Faucett ... (518) 496-6136 ... email faucettjm@aol.com

2018 ADIRONDACK SWIMMING LONG COURSE ZONE ALL STAR TEAM APPLICATION

APPLICATION DEADLINE: July 13, 2018

PRINT ALL INFORMATION CLEARLY

Name: _____ Date of Birth ____/____/____
LEGAL NAME OF ATHLETE (first mi last)

Club: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____

Cell Phone: (____) _____

E-Mail: _____

Age on August 8, 2018: _____

T_Shirt Size (circle one) **Small** **Medium** **Large** **XL**

Speedo Aquablade suit size _____

Application Fee: **\$100.00 if received by the July 13th deadline**
 \$125.00 if received after the deadline

Make checks payable to:

“Adirondack Swimming”

Send all applications and fees to: JoAnn Faucett
4 Edwin Dr.
Charlton, NY 12019

ADIRONDACK SWIMMING ZONE ALL STAR TEAM CODE OF CONDUCT

All Adirondack Swimming Zone Team Members are Required to Adhere to the Following Code of Conduct:

1. Team attire must be worn while on deck and during all competition.
2. Attendance at all team meetings is mandatory.
3. A nightly curfew will be established, and must be observed by all athletes.
4. PROHIBITED are, possession or use of alcoholic beverages, tobacco and illegal drugs.
5. Inappropriate or destructive behavior is prohibited and will not be tolerated.
6. Disrespect, including sexual harassment or the appearance of sexual harassment, for any member of our team, or any other team, is strictly prohibited and will not be tolerated.

THE ABOVE CODE OF CONDUCT WILL BE IN EFFECT FROM
THE TIME THE TEAM IS ASSEMBLED UNTIL RELEASE AT THE END OF THE TRIP.

VIOLATIONS OF ANY OF THE ABOVE WILL RESULT IN THE FOLLOWING:

- Immediate dismissal from the team including sending the athlete home at the athlete's own expense.
- Scratching from further competition.
- Further disciplinary action from the Review Board of Adirondack Swimming.

I have read and understand the above code of conduct and I agree to abide by the above code of conduct while a member of the Adirondack Swimming Zone Team.

ATHLETE'S SIGNATURE: _____ Date: _____

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

PERMISSION FOR EMERGENCY TREATMENT

I HEREBY GIVE PERMISSION TO THE STAFF MEMBERS OF THE ADIRONDACK SWIMMING ALL STAR ZONE TEAM TO SIGN FOR EMERGENCY MEDICAL TREATMENT FOR MY SON/DAUGHTER , DURING THE ADIRONDACK SWIMMING TRIP TO THE EASTERN ZONE CHAMPIONSHIP MEET, IN THE EVENT THAT I CANNOT BE REACHED AT THE TIME OF THE EMERGENCY.

ATHLETE'S NAME: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

EMERGENCY TELEPHONE NOs. TO CALL DURING TRIP: _____

INSURANCE INFORMATION

Carrier Name: _____ Tel. No.: _____

ID # _____ Group No.: _____

Adirondack Swimming LSC Travel Policies

Section 1 - USA Swimming Required Travel Policies

Club and LSC travel policies must include these policies. These items are Code of Conduct stipulations in the USA Swimming Rulebook.

- a) Club travel policies must be signed and agreed to by all athletes, parents, coaches and other adults traveling with the club. (305.5.D)
- b) Team managers and chaperones must be members of USA Swimming and have successfully passed a USA Swimming-administered criminal background check. (305.5.B)
- c) Regardless of gender, a coach shall not share a hotel room or other sleeping arrangement with an athlete (unless the coach is the parent, guardian, sibling, or spouse of that particular athlete). (305.5.A)
- d) When only one athlete and one coach travel to a competition, the athlete must have his/her parents' (or legal guardian's) written permission in advance to travel alone with the coach. (305.5C)

Section 2 – Adirondack Swimming LSC Policies

- a) During team travel, when doing room checks, attending team meetings and/or other activities, two-deep leadership is preferable and open and observable environments should be maintained.
- b) During overnight team travel, if athletes are paired with other athletes they shall be of the same gender and should be a similar age. Where athletes are age 13 & Over, chaperones and/or team managers would ideally stay in nearby rooms. When athletes are age 12 & Under, chaperones and/or team managers may stay with athletes. Where chaperones/team managers are staying in a room with athletes, written consent shall be given by athlete's parents (or legal guardian).
- c) To ensure the propriety of the athletes, there will be no male athletes in female athlete's rooms and no female athletes in male athlete's rooms (unless the other athlete is a sibling or spouse of that particular athlete) without an adult present.
- d) A copy of the Club Code of Conduct must be signed by the athlete and his/her parent or legal guardian.
- e) The LSC shall obtain a signed Liability Release and/or Indemnification Form for each athlete.
- f) Team or LSC representatives shall carry a signed Medical Consent or Authorization to Treat Form for each athlete.
- g) Curfews shall be established by the team or LSC staff each day of the trip.
- h) Team members and staff traveling with the team will attend all team functions including meetings, practices, meals, meet sessions, etc. unless otherwise excused or instructed by the head coach or his/her designee.
- i) The directions & decisions of coaches/chaperones are final.
- j) Swimmers are expected to remain with the team at all times during the trip. Swimmers are not to leave the competition venue, the hotel, a restaurant, or any other place at which the team has gathered without the permission/knowledge of the coach or chaperone.
- k) When visiting public places such as shopping malls, movie theatres, etc., 12 & Under athletes will be accompanied by an adult.

By my signature, below, I acknowledge that I have read and understand these policies.

Signature of parent/legal guardian _____ Date _____

Signature of athlete _____ Date _____

or

Coach/Chaperone/Volunteer _____ Date _____

ADIRONDACK SWIMMING LIABILITY RELEASE AND INDEMNIFICATION FORM

I, the undersigned, request voluntary participation for minor travel and participation in the following trip to a USA Swimming event: Eastern Zone Long Course Championship, August 8-11, 2018.

I consent to my minor child’s participation in and travel to and from the USA Swimming/Adirondack Swimming event and related activities and acknowledge that I fully understand that participation and travel may involve risk of serious injury or death, including losses which may result not only from his or her own actions, inactions or negligence, but also from the actions, inactions, or negligence of others. This includes all travel to and from the event arranged by Adirondack Swimming, paid either by the participant or paid or reimbursed by Adirondack Swimming or USA Swimming. I understand that if I have any risk concerns, I should discuss the risks associated with participation with the activity coordinators and event staff, before I sign this document and before travel begins.

Release

In consideration of allowing _____ to participate in and travel to and from USA Swimming/Adirondack Swimming events, I, and on behalf of my minor child, hereby release and hold harmless Adirondack Swimming, members of its board of directors, and its officers, employees, members, volunteers, other participants and agents (collectively, the “Released Parties’), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from the above named minor’s travel to and from and participation in USA Swimming/Adirondack Swimming events and activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that he or she is in good health and has no physical condition that would prevent traveling to and from, or participating in, any USA Swimming/Adirondack Swimming events. Furthermore, I agree to use my/minor’s personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

(Print name of Parent/Guardian) (Signature of parent/guardian) (Date)

Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from the above named minor’s participation in and travel to and from USA Swimming/Adirondack Swimming events and activities.

(Print name of Parent/Guardian) (Signature of parent/guardian) (Date)

**2018 Summer Zones Meet
August 8-11, 2018**

Hampton Inn Richmond South – 4300 Commerce Road, Richmond VA 23234

6 Miles Away from Tournament Site

\$121.00 per night plus 13% tax

Hampton on the House Hot Breakfast Buffet included in the room rate (6am-10am)

48 Hour Cancellation Period

**Reservations must be made THROUGH JOANN no later than July 22, 2018
At the conclusion of the AD Long Course Championship meet
DO NOT MAKE DIRECT RESERVATIONS**