



# ARIZONA SWIMMING, INC

## ALL-STAR TEAM TRAVEL SWIMMER APPLICATION

2023 All-Star Dual Meet  
January 7-8, 2023  
Hosted by: San Diego Imperial Swimming  
San Diego, CA

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age on first day of the meet: \_\_\_\_\_ (Age as of 1/7/23) Birth Date: \_\_\_\_\_

USA Swimming I.D. # \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian email address \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Parent Cell: (\_\_\_\_) \_\_\_\_\_

Coach \_\_\_\_\_ Club affiliation \_\_\_\_\_ Gender \_\_\_\_\_

Shirt Size circle 1: YL, AS, AM, AL, AXL

Sweatshirt Size: YL, AS, AM, AL, AXL

### To look up your times:

Visit [www.usaswimming.org](http://www.usaswimming.org) and click the “Times” tab

Select “times search” and look up by name.

Events must be selected from the “eligible events” list below. All submissions will be checked for accuracy:

**Top “A” Times** (if you do not have “A” times, please list top “B” times)

Event:	Time;	Circle one:
_____	_____	A / B
_____	_____	A / B
_____	_____	A / B
_____	_____	A / B
_____	_____	A / B
_____	_____	A / B

- ✓ Top time MUST be in SCY (SCM and LCM will NOT be accepted)
- ✓ Top time MUST be an eligible event listed below



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### Eligible events for each age group:

10&U: 50, 100, 200, 500 Free, 50, 100 Back, 50, 100 Breast, 50, 100 Fly, 100, 200 IM

11-12: 50, 100, 200, 500 Free, 100, 200 Back, 100, 200 Breast, 100, 200 Fly, 200, 400 IM

12-14: 50, 100, 200, 500 Free, 100, 200 Back, 100, 200 Breast, 100, 200 Fly, 200, 400 IM

The qualifying period is for events swum from 8/1/21 through 11/13/22.

### Team Selection process

The Arizona Swimming Travel Team will consist of up to 48 travel swimmers total; 7 boys and 7 girls from each age group: 10&U, 11-12, 13-14, will be chosen based on the number of state times.

**Swimmers with no State times are still encouraged to apply.** In addition up to 2 more swimmers in each gender/age group may be selected to fill out the most competitive roster for the meet.

10 and under swimmers may submit their application to compete in this meet as an Arizona Swimming Team member. **10 and under swimmers must travel and stay with their parents and must comply with all team expectations and conduct requirements.**

Submit your completed application form and attach the portion of your Trip Fee due by the deadline to be eligible for selection.

### Team Representation:

Team Arizona coaches will select the entries for each swimmer.

Swimmers must swim each event/relay they are selected for/entered in.

Swimmers must attend all team meetings, social events, and sessions of the meet.

Swimmers must wear the provided Arizona Swimming team gear as directed by the All Star Coaches.

Swimmers represent Arizona Swimming (not their club team) wearing only AZSI Team Apparel. No club apparel shall be worn.

11 & Over Swimmers must travel with the team to and from the meet.

10 & Under swimmers travel, stay and must be accompanied by their parent.

Swimmers 11-14 will be assigned roommates and must stay with the team.

### Applications are due November 14, 2022

Please complete entire packet and submit by regular mail or hand deliver (there is a mail slot on the office door available 24/7) to:

Arizona Swimming  
301 E. Bethany Home Rd Suite A227  
Phoenix, AZ 85012

Application must be received in the Arizona Swimming office by November 14, 2022 at 3PM.

Applicants must submit a \$150.00 deposit check with this completed application packet.

Applications will NOT be considered unless payment has been received and will not be returned. NO exceptions.

Selected swimmers will be notified no later than Wednesday, November 16

Refunds to those not selected for the team will be processed AFTER any possibility of being chosen as an alternate.

# Arizona Swimming, Inc.

## Acknowledgement & Agreement of Member of Receipt of Policy 890 MAAPP

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\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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If Member of delegation is a minor, we the parent's/guardians of the minor member

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**Acknowledgement & Agreement.** (Note: both parents must sign and date)

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\_\_\_\_\_  
Parent / Guardian printed name

\_\_\_\_\_  
Parent/ Guardian printed name

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Athlete Authorization, Release & Waiver

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**Duration:** Starting DATE : \_\_\_\_\_ through \_\_\_\_\_

This Authorization, Release and Waiver applies to my participation as an athlete representative traveling to the USA Swimming Annual Convention as a representative of Arizona Swimming, as well as any other National Committee, subcommittee or ad hoc committee/task force to which I may be appointed in the future during the term of this document (collectively, “Committees”), regardless of the location of such participation during or incidental to meetings, workshops, or other events of such Committees (collectively, “Events”).

## General Acknowledgement & Acceptance

I hereby acknowledge that all information and signatures on this form are applicable to my participation in the Events and on the Committees.

## Eligibility

I declare that I am eligible to serve as an athlete representative on the Committees and that I am in good standing as an athlete member of USA Swimming. I also declare I am not under investigation for, or probation, suspension or other disciplinary action imposed for use of illegal drugs or other athlete regulation infractions. I agree to notify Arizona Swimming immediately upon any change to my eligibility.

## Release & Waiver

In consideration of allowing me to participate in Events, I hereby release and hold harmless Arizona 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 out of my participation in Events.

This release of liability includes, without limitation, any claims for negligence, gross negligence, willful misconduct or breach of warranty that I may have against the Released Parties. This release of liability is also intended to cover all claims that members of my family, estate, heirs, representatives, or assigns may have against the Released Parties to the fullest extent permitted by law.

\_\_\_\_\_  
Athlete’s Signature

\_\_\_\_\_  
Athlete’s Name (Print)

Date: \_\_\_\_\_

## Consent of Parent or Guardian:

\_\_\_\_\_  
Parent’s/Guardian’s Signature

\_\_\_\_\_  
Parent’s/Guardian’s Name (Print)

\_\_\_\_\_  
Parent’s/Guardian’s Signature

\_\_\_\_\_  
Parent’s/Guardian’s Name (Print)

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Medical Treatment Authorization & Consent

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\_\_\_\_\_  
Name of Minor Child

\_\_\_\_\_  
Birthdate of Child

I/We being the parents / guardians of the minor child listed above, hereby consent and authorize Arizona Swimming, Inc. (“AZSI”) staff or volunteer to act in my/our behalf in obtaining medical / dental care, including but not limited to emergency medical care, transportation and / or prescription drugs, when such immediate medical care is deemed necessary or advisable (“Authorization to Treat”). I/We further authorize and consent to this medical/ dental care to be rendered without our prior consent. Should medications be prescribed, AZSI Staff or volunteer will act as my agent in obtaining such and will receive, procure store and issue such medication to your child.

I/We understand that we are responsible for health insurance coverage for our minor child and we are responsible to cover the entire expenses of any medical / dental care required for our child, including co-pays and deductibles. I/We have provided information concerning such insurance coverage, together with copies of both sides of the insurance card(s) covering our child, as well as contact information and other relevant information on the Supplemental Information Page of this Authorization to Treat. Should payment of co pays, deductibles etc be immediately required, AZSI will advance such funds as necessary to facilitate the medical / dental care. I/We understand that we will be invoiced by AZSI for any and all such advances and such invoice are due and payable upon presentation.

By signing below, I/we, release and hold harmless AZSI, its staff or volunteers, of any liability related to the providing, obtaining or consenting to medical / dental care for your minor child.

**HIPPA Disclosure: Release of Health Care Information** By signing below, I/we authorize and consent to the release of any and all protected medical or health information as necessary to facilitate any and all medical / dental care covered by this Authorization to Treat. I acknowledge that this authorization and consent for release of protected medical or health care information shall only be good for the effective dates listed below and that I may revoke such authorization at any time. Such revocation must be in writing addressed to any all providers who provided medical / dental care covered by this Authorization to Treat, as well as AZSI.

**Effective Dates:**                      From: January 7, 2023 through January 8, 2023

\_\_\_\_\_  
**Consent of Parent’s / Guardian’s:** (Note: both parents must sign and date)

\_\_\_\_\_  
Parent / Guardian printed name

\_\_\_\_\_  
Parent/ Guardian printed name

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Medical Treatment Authorization & Consent

## Supplemental Information

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### Current Medical Providers:

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Orthodontist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### Insurance information

HealthCare Plan: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Group number: \_\_\_\_\_

Other ID info: \_\_\_\_\_ Phone number: \_\_\_\_\_

(A copy of both sides of insurance card must be attached)

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### Other Medical Information: (including allergies, current medications etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Emergency Contact Information

AzSI will attempt to contact individuals listed here in the order they appear:

1) Name: \_\_\_\_\_ 2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ 4) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

# Code of Conduct / Honor Code Athlete

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As an athlete member of the Arizona Swimming, Inc. (“AZSI”) I understand and will comply with the USA Swimming Code of Conduct as outlined in the USA Swimming Rule Book available on the USA Swimming website at:

[https://www.usaswimming.org/docs/default-source/governance/governance-lsc-website/rules\\_policies/2022-rulebook.pdf?sfvrsn=fa310b32\\_6](https://www.usaswimming.org/docs/default-source/governance/governance-lsc-website/rules_policies/2022-rulebook.pdf?sfvrsn=fa310b32_6)

**The purpose of a Code of Conduct for athletes is to establish a consistent expectation for athletes’ behavior. By signing this code of conduct, I agree to the following statements:**

- I will respect and show courtesy to my teammates and coaches at all times.
- I will demonstrate good sportsmanship at all practices and meets.
- I will set a good example of behavior and work ethic for my younger teammates.
- I will be respectful of my teammates’ feelings and personal space.
- I will attend all team meetings and training sessions, unless I am excused by my coach.
- I will show respect for all facilities and other property (including locker rooms) used during practices, competitions, and team activities.
- I will refrain from foul language, violence, behavior deemed dishonest, offensive, or illegal.
- If I disagree with an official’s call, I will talk with my coach and not approach the official directly.
- I will obey all of USA Swimming’s rules and codes of conduct as outlined in the current USA Swimming Rule book.

## **Failure to Comply with Code of Conduct or Honor Code**

Failure to comply with terms and conditions of the Code of Conduct or the Honor Code may result in disciplinary action. Such disciplinary action will be determined by the recommended by the Adult Supervisor of the Travel trip and confirmed by the General Chair. The actions include, but are not limited to:

- a. Dismissal from the trip and immediate return home at member’s expense.
  1. In case of minor athlete member, cost of returning home will be responsibility of parents.
- b. Disqualification from future Arizona Swimming Travel events
- c. Financial penalties that result from action of the Board of Review.
- d. Other action as the result of proceeding before the Arizona Swimming or USA Swimming Board of Review

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## **Acknowledgement & Agreement of Member of Delegation**

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\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Code of Conduct / Honor Code Athlete

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If Member of delegation is a minor, we the parent's/guardian's of the minor member

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**Acknowledgement & Agreement:** (Note: both parents must sign and date)

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Parent / Guardian printed name

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Parent / Guardian signature

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Date

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Date