



# ARIZONA SWIMMING, INC

## 2024 All- Star Team Travel Swimmer Application

### January 6-7, 2024

Hosted by: San Diego Imperial Swimming in San Diego, CA

#### 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 highest power point scores for their age group. 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.**

#### All Athlete Travel will be family travel.

Applicants submit your top three power point scores, showing each score and the average. Submit your completed application form and attach the portion of your Trip Fee due by the deadline to be eligible for selection.

#### 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

#### How to look up your power point scores:

1. Look up your name under “Times/Individual Times Search” tab on [www.usaswimming.org](http://www.usaswimming.org). This will give you an overview of your events and highest scores. However, the actual point total may be different depending on your competition age.
2. You must use the power point calculator [here](#) to look up the **power point score for that event at the highest competition age for the age group**. For example, if you are racing in the 11-12 age group you must use age 12 in the power point calculator for the score for that event no matter if you are 11 or 12.
3. The qualifying period is for events swum from **8/1/22** through **11/23/23**. No matter when the time was swum the score you submit must be the one matched with the highest age in the age group you will enter at the meet (**Age as of first day of meet**).

#### 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.

Swimmers swim for the Arizona Swimming team (not their club team)

Swimmers travel with their families to and from the meet

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

Applications are due **November 22, 2023**

Deposit of \$150.00 must be submitted with the completed application to secure your spot on the team. This deposit is **NON-REFUNDABLE**. Completed application and deposit can be sent to the AZSI Office at:

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

Selected swimmers will be notified no later than **Thursday, November 30th**

Deposits will be processed December 11<sup>th</sup>, after all athletes have been notified.

At the conclusion of the meet, athletes who participated in the All Star Meet will receive a \$300 stipend for costs incurred during travel for the trip which includes their initial \$150 deposit .

Questions regarding payment should be directed to [office@azswimming.org](mailto:office@azswimming.org) or 602-264-2443.



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### January 6-7, 2024

Hosted by: San Diego Imperial Swimming in San Diego, CA

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

Age on first day of the meet: \_\_\_\_\_ Birth Date: \_\_\_\_\_

USA Swimming Member I.D. # \_\_\_\_\_

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

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

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

Shirt Size (circle 1):            YL    AS    AM    AL    AXL

Sweatshirt Size (circle 1):    YL    AS    AM    AL    AXL

Event	Score	Sum of 3 scores:
1. _____	1. _____	_____
2. _____	2. _____	
3. _____	3. _____	

**Look up your name under “Times/Time Standards” under USA swimming tools. Select “individual times” and look up your name. List your three events with the highest power points below. Events must be selected from the “eligible events” list on page 1 of this application. All submissions will be checked for accuracy.**

I have included the check deposit of \$150.00 with this completed application made payable to Arizona Swimming and understand that applications will NOT be considered unless payment has been received. NO exceptions.

I understand that checks will be deposited after the team is selected. If my athlete is not selected for the team, checks received will be voided and shredded, unless previously requested otherwise.

I have included other required documents including:

- Medical Treatment Authorization
- USA Athlete Code of Conduct / Honor Code
- Copy of athlete health insurance cards
- Photo Release

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Parent/Guardian Printed Name)

\_\_\_\_\_  
(Date)



# ARIZONA SWIMMING CONSENT & PERMISSION FORM

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Participants Name (Please Print): \_\_\_\_\_

USA Swimming Member I.D. # \_\_\_\_\_ Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

I/We hereby give consent for my member to appear in a group photo to be taken at the 2024 San Diego VS Arizona Swimming All Star Meet. I hereby consent that such photograph shall be made the property of Arizona Swimming Inc., giving Arizona Swimming the right to duplicate, reproduce and make other uses of such photograph for the promotion of the event.

I/We hereby consent to Arizona Swimming, Inc., to the use of the group photo for publication and promotion of the Arizona Swimming All Star Meet and affiliated programs, which may include publishing to the Arizona Swimming website.

**THIS CONSENT AND RELEASE FOR A CHILD UNDER THE AGE OF 18  
MUST BE SIGNED BY BOTH PARENTS, IF APPLICABLE.**

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I hereby certify that I am the parent/guardian of \_\_\_\_\_,  
and do hereby give my consent without reservation to the foregoing on behalf of my minor child.

Name (Please Print): \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

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I hereby certify that I am the parent/guardian of \_\_\_\_\_,  
and do hereby give my consent without reservation to the foregoing on behalf of my minor child.

Name (Please Print): \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

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# 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 5, 2024 through January 7, 2024

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**Consent of Parent’s / Guardian’s:** (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

# 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/rulebooks/2023-rulebook.pdf](https://www.usaswimming.org/docs/default-source/governance/governance-lsc-website/rules_policies/rulebooks/2023-rulebook.pdf)

**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 (if 18 or older)**

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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 printed name

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Parent / Guardian signature

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Parent / Guardian signature

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Date

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Date

**Updates**

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<b>Date</b>	<b>by Whom</b>	<b>Abstract</b>	<b>Section</b>	<b>Control #</b>
6/23/2021	USA Swim	2.0	All	2021-01

**Arizona Swimming, Inc.**

**Signature Page Policy 890 – MAAPP**

**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

---

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

---

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date