



# ARIZONA SWIMMING, INC

## Coach Application and Information

**Coaches and Managers, please return the application by**

**May 15, 2024.**

Thank you for considering a Coach or Team Manager role for the 2024 Western Zone Age Group Championship. This year, Western Zone Age Group Championship will be held in **Boise, ID**. The meet will start on Aug 7, 2024, and end on August 10, 2024. Please fill out these forms completely and return by the deadline listed on top of page. If you are not selected, your application will be shredded.

**Coaches, the staff will consist of a head coach, assistant coach, and manager.**

Coaches, your job will be to motivate and guide the athletes to do their best at the meet. Head coach and an assistant coach and/or Manager will be selected for the team. Stipend for Head Coach and manager will be \$3000 and any additional assistant coach \$2500. Coaches/Managers will be responsible for arranging for and paying for any and all travel costs (including airfare, housing, food, etc. There will be no reimbursements provided in addition to the Stipend.

The coaches will also be responsible for processing athlete's applications, application selection, meet entry, and ordering of team apparel. You will work with the AZSI Office on ordering and payment of any apparel items. The apparel will then be distributed via mail from the AZSI office. The orders will have to be placed ASAP after team selection in order to receive the items and mail them in time.

Coaches will provide supervision at the meet venue.

**In order to receive a stipend from Arizona Swimming you will have to complete the provided W-9 with your application. Your application will be rejected if not submitted. If you want to decline a stipend please explain when submitting your application and submit W9 Form blank.**

**Applying as a Coach or Manager (circle one or both)**

**Legal Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Club:** \_\_\_\_\_ **Coach/Non-Athlete USA Swimming ID#** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell or Work ph:** \_\_\_\_\_ **Physician: Ph #:** \_\_\_\_\_

**Previous Experience:**

Please list previous experiences as chaperone or team manager.

**Coaches and Managers, return application by **May 15, 2024** Return application and W-9 to:**  
[Office@azswimming.org](mailto:Office@azswimming.org)

**Arizona  
Swimming, Inc.  
Coaches/Managers Code of  
Conduct**

I, the undersigned staff member agree to participate in the Arizona Swimming sponsored activity named below. I agree to abide by the standards of conduct as outlined in the 2024 USA Swimming Rule Code of Conduct, in addition to those guidelines established by the activity director at the activity site.

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

Print Name: \_\_\_\_\_