

ARIZONA SWIMMING, INC Zones Coach Application and Information

Application due by May 20, 2025.

Thank you for considering a Coach or Team Manager role for the 2025 Western Zone Age Group Championship. This year, Western Zone Age Group Championship will be held in **Elk Grove, CA**. The meet will start on Aug 6, 2025, and end on August 9, 2025. 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/or 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 approval, 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 W9 with your application. Your application will be rejected if not submitted. If you want to <u>decline</u> a stipend please explain when submitting your application and submit W9 Form blank.



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

СОАСН	MANAGER			
Full Legal Name:				
Date of Birth:	Email:			
Address:		City:	State:	Zip:
Home Phone:	Work Phone:		Cell Phone:	
Club Code: Coach	n/Non-Athlete USA Swim	ming ID#		
Emergency Contact: Name:		Relationship	:	
Phone #:	1	Physician: Ph #: _		
<u>Previous Experience:</u> Please list previous experiences	including as a coach, chaperone	or team manager etc.		
Coaches and Manage W-9 to: Office@azsw		ion by <mark>May 2</mark>	20, 2025 Return app	lication and
Signature:		D	ate:	

Arizona Swimming, Inc. Zones Coach/Manager 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 2025 USA Swimming Rule Code of Conduct, in addition to those guidelines established by the activity director at the activity site.

Print Name:		
Signature:	Date:	