

RESERVATION REQUEST

OHIO ZONE TEAM

2006 CENTRAL ZONE CHAMPIONSHIP, AUG 4-7, 2006 in Oklahoma City (OK)

NAME (w/middle initial): _____ AGE: _____ SEX: M F

USA SWIMMING #: _____

E-MAIL(S) YOU WANT ON DISTRIBUTION LIST: _____

PARENT OR GUARDIAN: _____

ADDRESS: _____

DATE OF BIRTH: _____

CITY, STATE, ZIP: _____

AGE GROUP (Circle) 10&u 11-12 13-14 15-18

HOME PHONE #: (____) _____

CELL PHONE #: (____) _____

CURRENT CLUB: _____

TRAVEL ARRANGEMENTS

I WILL BE PART OF THE TRAVELING OHIO ZONE TEAM – COST \$650 PLEASE CHECK _____

Guaranteed travel cost for first 53 reservations made through Sunday July 23, 2006. It is strongly recommended you guarantee a spot on the travel team by submitting this registration once a decision has been made to travel with the team. If you are 14 & Under and plan to compete at the Ohio Age Group State Championships on July 20-23rd at Miami University in Oxford, and you wish to avoid lines at the meet, please send complete balance to arrive no later than Wednesday, Aug 19th, 2006. 15 & Over Seniors please send at the conclusion of the Ohio Senior Championships or earlier. Parent or guardian must check out swimmers after the meet. Please read the section titled “Team Travel Deadline” above.

I WILL NOT BE PART OF THE TRAVELING OHIO ZONE TEAM, BUT I WILL PARTICIPATE IN THE MEET PLEASE CHECK _____

ENTRY INFORMATION

ALL 13-OVER SWIMMERS MAY COMPETE IN A MAXIMUM OF 5 INDIVIDUAL EVENS (MAX 3 PER DAY). ALL 12-UNDER SWIMMERS MAY COMPETE IN A MAXIMUM OF 6 INDIVIDUAL EVENTS (MAX 5 PER DAY). **NOTE: SWIMMERS MUST ACHIEVE NAT’L “AAA” TIMES (NATIONAL “A” FOR OPEN WATER) IN ALL EVENTS THAT THEY WISH TO COMPETE IN.** ENTER YOUR EVENTS AND TIMES ON THE APPROPRIATE DAYS (SEE ATTACHED SCHEDULE OF EVENTS) PLEASE INDICATE WHETHER YOUR TIMES ARE LONG COURSE MEETS (LCM) OR SHORT COURSE YARDS (SCY) OR SHORT COURSE MEETS (SCM).

	FRIDAY AUG 4			SATURDAY AUG 5			SUNDAY AUG 6		
	EVENT/ STROKE	SCY SCM LCM <small>(indicate)</small>	TIME	EVENT/ STROKE	SCY SCM LCM <small>(indicate)</small>	TIME	EVENT/ STROKE	SCY SCM LCM <small>(indicate)</small>	TIME
EVENT 1									
EVENT 2-									
EVENT 3-									
EVENT 4-									
EVENT 5-									
EVENT 6 For 12 & U									

MONDAY OPEN WATER: LONGEST FREESTYLE DISTANCE IN YOUR AGE GROUP _____ circle: YDS or MTRS TIME _____

200 for 10-under, 400/500 for 11-12, or 1500/1650 for 13-over

REGISTRATION FORM

OHIO ZONE TEAM

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ENTIRE PAYMENT MUST BE SUBMITTED WITH RESERVATION REQUEST. TIMES AND EVENTS CAN BE UPDATED AND CHANGED UNTIL SUNDAY NIGHT, JULY 24, 2006 –

COACHING FEE FOR ZONE TRIP:	= \$ <u>35.00</u>
TRAVEL TEAM FEE \$650	= \$ _____
<small>(travel cost guaranteed for first 53 reservations made through 7/23/06, please read the section titled "Travel Team Deadline")</small>	
ENTRY FEES: NUMBER OF INDIVIDUAL EVENTS x \$5.00	= \$ _____
ENTRY FEES: MONDAY OPEN WATER x \$20.00	= \$ _____
ENTRY FEES: NUMBER OF RELAY EVENTS x \$10.00	= \$ <u>paid by Ohio</u> Swimming
TOTAL (MAKE CHECKS PAYABLE TO " <u>OHIO SWIMMING ZONE TEAM</u> "):	
	= \$ _____

SIGNED: _____ DATE: _____

I, the undersigned, am a club official for which the above athlete represents. My signature is verification that the time(s) stated above have been achieved in a USA Swimming sanctioned or approved meet by the stated athlete. I understand that if these times are not correct that I and/or the athlete will be subject to potential sanction by the Ohio Swimming Inc. Board of Review.

SIGNED: _____ DATE: _____
(ATHLETE)

MAIL TO: BRENT PEADEN 3000 IDAHO FALLS DRIVE BEAVERCREEK, OH 45431 (937) 431-5016 bpeaden@woh.rr.com	SIGNATURE (Club Rep or Coach) _____ PRINTED NAME _____ TITLE: _____
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PLEASE CHECK THE ITEMS INCLUDED WITH SUBMISSION:

- Reservation Request and Entries**
- Registration Form**
- Signed Permission Release Form**
- Signed Code of Conduct**
- Check for Full Amount Due Payable to "Ohio Swimming Zone Team"**
- Ordered Team Ohio Package from Kast-a-Way Swimwear**
NOTE: Visit the Ohio Zone Team website to download the Kastaway Order Form, this form may not be ready when this registration packet is posted.
do not submit swim suit package order with this registration – call or mail your order directly

PERMISSION RELEASE FORM

OHIO ZONE TEAM

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I hereby give my permission for _____
to participate on the OHIO ZONE TEAM to OKLAHOMA CITY, OK on the following dates: AUG 4-7, 2006, including travel, registration, and check-in on Wed-Thu Aug 2-3 (if applicable)

I further waive all claims for injury, accident, or liability of any kind for the above-mentioned swimmer, and in case of an accident or injury in any way resulting, directly or indirectly from participation in such program, hold harmless from any liability therefore The OHIO ZONE TEAM AND OHIO SWIMMING, INC., its officers, coaches, chaperones, managers, or any other person or persons in any way connected or associated with the program.

Furthermore, in case of emergency medical attention, which may be required, I authorize the adult coaches, chaperones, and/or other adults traveling in an official capacity with the team to act for me according to their best judgment and ability.

Signature of Parent or Guardian _____ Date: _____

MEDICAL INFORMATION

List any medication and dosage the swimmer is now taking: _____

Pre-existing conditions (asthma, epilepsy, etc.): _____

Allergies (including medicines): _____

Other pertinent information the coach should know about the swimmer: _____

Physician's Name: _____

Phone Number: _____

Name of Parent or Guardian: _____

Phone Number (area code): _____

Home

Work or Cell

Address: _____

Street

City

State

Zip



CODE OF CONDUCT
OHIO ZONE TEAM
 2006 CENTRAL ZONE CHAMPIONSHIP, AUG 4-7, 2006 in Oklahoma City (OK)

USA SWIMMING
OHIO SWIMMING INC.
LOCAL SWIMMING COMMITTEE
MEMBER OHIO ZONE TEAM
CODE OF CONDUCT

As a Member of the Ohio Zone Team representing Ohio Swimming, Inc., I recognize and agree to conform to this CODE OF CONDUCT at all times while representing Ohio Swimming and to:

- Conduct myself so as to be a worthy member of the Ohio Zone Team of Ohio Swimming.
- Be loyal to Ohio Swimming and to USA Swimming.
- Conduct myself in a manner so as to earn the respect and confidence of all.
- Act and conduct myself with dignity and with respect for others and the property of others.
- Always teach and practice good sportsmanship.
- Be a responsible goodwill ambassador between the sport of swimming and the public.
- Strive for more knowledge that will help in becoming a better member of the Zone Team.
- Have high ideals and firm principles of right and truth.
- Promote a positive high spirit and morale.
- Strive to do my best and encourage all members of the Ohio Zone Team to do the same.
- Deal justly, kindly, impartially and intelligently with all of my fellow team members.
- Do my very best to bring the highest possible credit and regard to myself, Ohio Swimming and to the sport of swimming.

I also realize that the possession or use of alcohol, tobacco products, or illegal drugs is prohibited.

I acknowledge that violations of this Code of Conduct could result in discipline up to and including ejection from the Zone Team as well as an action brought before a Board of Review. Parents and guardians of swimmers who have been ejected from the Zone Team are required to pick up their athlete during the trip.

 Swimmer Name (Print)

 Swimmer Signature

 Date

 Parent Name/Guardian Signature

 Date

TRAVEL TEAM SIGN-OUT FORM

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Coaches & Chaperones will have copies of this form

Please do not submit this form with your registration

Swimmers will not be permitted to leave the Travel Team until this form has been submitted to a coach or chaperone.

This form is only to be filled out by Travel Team Swimmers and their Parent or Guardian at the time of check out.

Generally, this occurs when travel to and from the meet has been complete. Parents or Guardians may check their swimmer out at the conclusion of the meet while at the venue as long as this form has been filled out and signed by all parties below. Once checked out, swimmers may not return to the Travel Team.

I wish to sign _____ out from the Ohio ZONE Travel Team. I am the legal parent/guardian. I understand that by signing this form, my son/daughter cannot rejoin the Ohio Travel Team for the remainder of the trip. All accommodations including lodging, food, and transportation, is no longer the responsibility of Ohio Swimming and the Ohio Swimming Zone Coaches and Chaperones.

PARENT/GUARDIAN

Signature: _____

Printed Name: _____

Date Signed: _____

ATHLETE

Athlete Signature: _____ *Athlete Age:* _____

COACH or CHAPERONE

Signature: _____

Printed Name: _____

Date and Time Signed: _____

