



**MIDWESTERN  
SWIMMING**

1429 N Webster  
Hastings NE 68901  
(402) 462-5941  
www.mwswim.org

**Cost: 100.00**

### MW Application for Zone Team 2009

Name \_\_\_\_\_ Age as of 08/07/09 \_\_\_\_\_  
 USA Swimming ID# \_\_\_\_\_ Current Club Affiliation \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Parents' Name \_\_\_\_\_  
 Home phone \_\_\_\_\_ Evening phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_ Parents email \_\_\_\_\_  
 Traveling with (name) \_\_\_\_\_  
 Contact info while traveling: Cell Phone \_\_\_\_\_  
 Hotel info: Hotel \_\_\_\_\_ Hotel phone \_\_\_\_\_

**Apparel: Available from The Lifeguard Store/The Swim Team Store online. Contact the MW Office for MW passwords. [mwoffice@mwsim.org](mailto:mwoffice@mwsim.org)**

**Cost: Includes 2 shirts, 2 caps, meet entry fees, coaching staff and pasta buffet on Thursday night (5-8pm).**

The Zone Meet will be in Grand Forks, ND. There are three days of competition in the pool. Open Water Meet will be on Monday, August 10. Ages 12 and Under swimmers may enter 6 individual events and 13 and Over may enter 5 individual events (excluding the Open Water event); 12 & U may enter no more than 5 per day and 13 & O may enter no more than 3 per day - for a maximum of 6 events for 12 & U or 5 events for 13 & O for the meet. The 13 & O events are prelim/final events; 12 & U events are timed final events.

Please list the events you are qualified for and wish to swim (AAA achieved after August 5, 2009). Include the Open Water Swim if you wish to swim in that event. Open Water swimmers must contact Head Coach Lynn Weaver to make arrangements to stay an extra day and make arrangements for travel home. Meet information is being posted on the MW Website and emailed to all MW coaches.

**Mailed entries must be received by July 25, 2009.** Any times made at the Midwestern Long Course Championship (July 31-August 2, 2009) will be added at that meet. Please make sure MW has all results from meets attended, especially if you have gone to meets outside of Midwestern this summer. Check the MW Website for itinerary updates and additional information.

Event (eg. Girls 11-12 50 m brst)	Time (Y or LC)	Meet (and date of achievement)
1		
2		
3		
4		
5		
6		
Open Water -		

**Mail to the Midwestern Office.**

**Please inform the MW Office [mwoffice@mwsim.org](mailto:mwoffice@mwsim.org) or Kyle Hunt [kylehunt1@hotmail.com](mailto:kylehunt1@hotmail.com) of your intention to attend the Zone Meet as soon as you know you will be going.**

**CENTRAL ZONE CHAMPIONSHIP MEET  
PERMISSION AND RELEASE FORM**

LSC   **MW**  

I hereby give my permission for \_\_\_\_\_

(Please Print Name of Swimmer)

to accompany the   **Midwestern**   LSC TEAM to:   **Grand Forks, ND**  

on the following dates:   **August 6-10, 2009**  

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   **Midwestern LSC**  , 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.

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

(Signature of Parent or Guardian)

**MEDICAL INFORMATION:**

List medication and dosage the swimmer is taking now \_\_\_\_\_

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

Allergies (include medicines needed): \_\_\_\_\_

Other pertinent information the coach, and others in charge, should know about the swimmer: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

(Please Print)

Phone Number

Name of Parent or Guardian: \_\_\_\_\_

(Please Print)

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

Street

City

State

Zip

Telephone Day: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening: ( \_\_\_\_\_ ) \_\_\_\_\_

Phone during meet competition: ( \_\_\_\_\_ ) \_\_\_\_\_ (cell/pager/etc)

**CENTRAL ZONE CHAMPIONSHIP MEET  
GUIDELINES FOR CODE OF CONDUCT VIOLATIONS**

All athletes, coaches and LSC staff members must have signed a "Code of Conduct." This must be on file with the designated LSC Representative while attending the Central Zone Championship Meet.

The Meet Host shall enclose a copy of the "sample" LSC Code of Conduct with the Meet Information when it is distributed to participating teams for use if there is no LSC Code of Conduct.

Article 401.1 of Part Four (USA Swimming Rules and Regulations) states "...USA Swimming may censure, place on probation, suspend for a definite or indefinite period of time with or without terms of probation, fine, or expel any member of USA Swimming, including any athlete, coach, manager, official, member of any committee, or any person participating in any capacity whatsoever in the affairs of USA Swimming, who has violated any of its rules or regulations, or who aids, abets, and encourages another to violate any of its rules or regulations, or who has acted in a manner which brings disrepute upon USA Swimming or upon the sport of swimming. USA Swimming may also conduct hearings on any matter affecting USA Swimming as the National Governing Body for swimming."

In the instance of any violations, this procedure shall be followed:

1. Report, in writing, the violation or offense to the Meet Referee and the Zone Observer.
2. The offense must be verified and the report must include:
  - A. The name and LSC of the person(s) who committed the offense;
  - B. The name and means of contacting the person(s) who were affected by the violation;
  - C. The nature and details of the violation;
  - D. The name of the LSC Representative of the person(s) who committed the offense.
3. The Zone Championship Meet Coordinator will contact the person(s) charged with the offense and their LSC Representative.
4. If the situation does not have legal implications and can be resolved to the satisfaction of all persons involved, the matter will simply be reported, in writing, to:
  - A. The Representative of the host LSC;
  - B. The person(s) who committed the offense;
  - C. The LSC General Chairman of the person(s) who committed the offense;
  - D. The LSC Representative of the person(s) who committed the offense;
  - E. The person(s) whom the violation affected;
  - F. The Zone Directors and Coordinators.
5. If the situation has legal implications and/or cannot be resolved to the satisfaction of all persons involved, the matter shall be officially reported to the LSC of the person(s) charged with the offense, with a request or recommendation from the Zone Directors and Coordinators for suitable disciplinary action.
6. Within 30 days of the official report, the LSC must advise the Zone Directors, in writing, that the review process has been initiated. The LSC must also advise the Zone Directors of the final action taken. If the consensus of the Zone Directors and Coordinators is that the LSC of the person(s) charged did not take appropriate action, the matter may be referred to the National Board of Review for hearing and decision.

