



**OKLAHOMA  
SWIMMING**

**OKLAHOMA SWIMMING  
CENTRAL ZONE TEAM 2010  
14- Under Age Group  
CENTRAL ZONE LONG COURSE CHAMPIONSHIP  
Lincoln, NE. August 6-9, 2010  
Central Zone Swimming Championships**

**INFORMATION PACKET**

**Oklahoma Zone Team Director  
Paul Thompson**

**Oklahoma Zone Team Head Coach  
Ben Harlow**

**Pool Competition- Sanction #MWS10002  
Open Water – Sanction #MWS10023OW**

Central Zone 14- Under Championship Meet  
2010 Central Zone  
Lincoln, NE. August 6-9, 2010

Oklahoma Zone Team Swimmer Registration Form

Swimmer Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

USA Reg. # \_\_\_\_\_ OK/ Club Team \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ **Parent Cell/Work** \_\_\_\_\_

**Athlete Cell #:** \_\_\_\_\_

**Athlete Email Address:** \_\_\_\_\_

Parent Names: \_\_\_\_\_

**Parent Email address:** \_\_\_\_\_

Additional Comments concerning your swimmer \_\_\_\_\_

## 2010 Zone Team Swimming Entries

Swimmer Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

USA Reg. # \_\_\_\_\_ OK/ Club Team \_\_\_\_\_

**Athletes must list those individual events that they are qualified in and choose to enter on this form .Athletes are responsible for all entry fees except relays. Oklahoma Swimming will handle all relay entry fees. A check must accompany your registration packet covering all entry fees. Athletes must include ALL BEST Times Meters and SCY. Include all best times from August 2009 through the last meet prior to zones 2010. Athletes must include best 50 and 100 Free for use in relay placement. Include all times A and better in SCY and LCM.**

### **Pool Event Entries:**

<u>Event #</u>	<u>Event</u>	<u>Time</u>	<u>LCM/SCY/SCM</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you swimming OPEN WATER? YES \_\_\_\_\_ NO \_\_\_\_\_

Open Water Entry Time: \_\_\_\_\_ Age Division: \_\_\_\_\_

Use additional paper if necessary. A copy of this form to be handed in to Head Coach Ben Harlow.

# Oklahoma Swimming Inc

## Zone Team Code of Ethics and Conduct

**PURPOSE:** The purpose of this code is to promote the best possible team and individual impression at all times, and to acknowledge each person's responsibility as a member of this team. ALL ATHLETES, COACHES, CHAPERONES AND LSC STAFF must have a signed Code of Conduct form. Copies of all signed forms will be kept by the LSC representative while attending the Central Zone Championship meet.

### **PART 1: Acknowledgement**

I, as a member (swimmer, coach, and chaperon) of the Oklahoma Swimming Zone Team understand and will comply with the following guidelines as set forth by USA Swimming and Oklahoma Swimming.

### **PART 2: General Conduct**

- A: All participating team members shall abide by this Code of Ethics and Conduct.
- B: The possession or use of alcohol, tobacco products, fireworks or controlled substances by an athlete or staff member of the Oklahoma Swimming Zone team is prohibited throughout the duration of the trip and until the trip has officially disbanded.
- C: Curfews established by the staff will be adhered to each day of the training camp and at the competition.
- D: Team members and staff will attend all functions including all meetings, practices, exhibitions, press conferences, competitions, etc., unless otherwise excused or instructed by the Head Coach.
- E: To insure the propriety of the athletes and to protect the staff, there will be no male athletes in female athletes' rooms and no female athletes in male athlete's rooms. There will be a team room provided for relaxation and recreation whenever possible.
- F: Team members and staff will comply with USA Swimming and Oklahoma Swimming Zone Team uniform requirements. Team T-Shirt & or Jacket will be worn to the awards podium when receiving awards.
- G: Team members and staff will refrain from any illegal or inappropriate behavior (rough house play or fighting, use of disrespectful language, vandalism, destruction of property, non-payment, etc.) that would detract from a positive image of the Oklahoma Swimming Zone Team or would be detrimental to its performance objectives. The proper authorities (police, OKS Board of Review, etc.) will deal with team members and staff. Every effort should be made to avoid guilt by association with such activities.
- H: Team members will display proper respect and sportsmanship toward coaches, officials, administrators, fellow competitors and the public.
- I: Any additional guidelines for the Oklahoma Swimming Zone Team will be established by the Head Coach or the Oklahoma Swimming Zone Coordinator Team Director.

### **PART 3: Implementation**

- A: All team and staff are apprised in writing of this policy. Signature of the documentation constitutes unconditional agreement to comply with the Code of Ethics and Conduct of the Oklahoma Swimming Zone Team.
- B: An evaluation system will be established to determine if team and staff members have followed all aspects of the policy.
- C: Failure to comply with this Code of Ethics and Conduct may result in disciplinary action under the provisions set forth.

### **PART 4: Violation of the Code**

Such discipline may include by not be limited to:

- A: Scratch from one or more events or all events of competition.
- B: Dismissal from the Team and immediate return home at his/her own expense.
- C: Disqualification from future Oklahoma Swimming Zone Team competition.

Any appeal taken from disciplinary action shall be in accordance with Part Six of the USA Swimming Rules and Regulation.

I hereby agree to abide by the rules of conduct and acknowledge that, should I violate any provision of Part 2, I will be subject to disciplinary actions as set forth in Part 4, including suspension from the team.

_____ Swimmer's signature	_____ Swimmer's name, printed	_____ Date
_____ Parent/Guardian Signature	_____ Parent/Guardian name, printed	_____ Date

Parents are urged to keep a copy of the Code of Conduct agreement for their personal records.

## Central Zone Championship Meet

### Permission and Release

I hereby give my permission for \_\_\_\_\_ age \_\_\_\_\_ to participate/accompany Team Oklahoma to the Central Zone 14- Under Swimming Championships. Outdoor pool competition held at Woods Pool, 3200 J St. Lincoln Ne. 68502 (33<sup>rd</sup> & J). Open Water to be held at Branched Oak Lake, Raymond, NE. (Hwy 79 and Raymond Rd).

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 Oklahoma Swimming LSC, the meet hosts and facilities, its officers, coaches, chaperones, managers or any other person(s) in any way connected or associated with the program.

### Medical Authorization Form

Furthermore, in case of emergency medical attention which may be required, I authorize the Team Oklahoma coaches/managers/chaperones to act for me according to their best judgment and ability.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company and Policy # \_\_\_\_\_

### Medical Information

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

\_\_\_\_\_

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

\_\_\_\_\_

Allergies (including medicines): \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

Home physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency, I may be contacted at the telephone numbers and addresses listed below:

Parent/Guardian: \_\_\_\_\_ Phones: \_\_\_\_\_

Addresses: \_\_\_\_\_

Parents are urged to keep a copy of this page.

# Final Money Tally Sheet

**All fees must be paid in full by the last session of Age Groups August 1, 2010**

Individual Event Entry Fee: \$6.00 X # of I.E. \_\_\_\_\_ = \_\_\_\_\_

Open Water Event Entry Fee: \$ 20.00 \_\_\_\_\_

Total Entry Fee \_\_\_\_\_

TOTAL DUE TO OKS \$ \_\_\_\_\_

Make checks payable to Oklahoma Swimming

Last day to turn in forms is Sunday August 1 at AG Championship, Okla. City, OK

Swimmer's name \_\_\_\_\_

Check Number \_\_\_\_\_

Checklist of forms to return with payment:

Male/Female

Swimmer Name \_\_\_\_\_ OKS / CLUB Team\_\_\_\_\_

OKS Swimmer Registration Form \_\_\_\_\_

Zone Team Swimming Entry Form \_\_\_\_\_

Zone Team Code of Conduct Form \_\_\_\_\_

Medical Consent Form \_\_\_\_\_

Individual Event Entry Fees totaled on  
Final Money Tally Sheet \_\_\_\_\_

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To be completed by Zone Representative

Paid Check # \_\_\_\_\_ \$ \_\_\_\_\_