

To: All Adirondack LSC Swim Clubs

March 1, 2024

Subject: Selection Process and Athlete Application for the 2024 Adirondack "Long Course" Zone Team

**Dear Club Contact Person/Coach/Parent Volunteer:**

You are requested to share the following information with all of the members of your respective swim team. Please take the time to disseminate and discuss this information with all of your club members, especially 10 & under swimmers. If there are any questions, please e-mail JoAnn Faucett at [faucettjm@aol.com](mailto:faucettjm@aol.com) or call or text (518) 496-6136.

The 2024 Eastern Zone "Long Course" Championship Meet will be held Aug. 7-10, 2024 (Wednesday- Saturday).

**Pool – Hampton Aquatic Center, 1908 Coliseum Drive, Hampton, VA 23666**

**General Qualification Criteria:**

1. All athletes must be 2024 Premium USA Swimming Members and registered with Adirondack Swimming Inc.  
(*Premium USA Swimming Membership is required, Seasonal and Flex Memberships are not accepted*)

2. Age qualification for the meet is as of August 7, 2024.

To participate in a particular age group, a swimmer Must be that age on August 7, 2024.

**Application Process and Qualifying Times:**

1. Each swimmer must submit, 1.Application, 2.Code of Conduct form, 3.Adirondack LSC Travel Policies form and 4.Adirondack Swimming Liability Release and Indemnification form, accompanied by the Application Fee.

**Application fee is \$125 and must be received with ALL 4 FORMS, by July 20, 2024.** (\$25 non-Refundable)

Mail to: JoAnn Faucett 4 Edwin Dr. Charlton, NY 12019

Application fee will be applied to the cost of the trip package. A \$100.00 refund will be issued to those swimmers who apply, but do not qualify for the team. Those athletes who apply for the team and withdraw from consideration after July 20, 2024, will receive no refund. Exceptions will be made for medical or family emergencies that can be documented. Applications received after the deadline will not displace any applicants who applied on time, but, may be put in to open events at the discretion of the Zone Selection Committee

**Application Eligibility:**

- Eligible age groups are; 10&Under, 11-12 and 13-14
- Swimmers must have Premium USA Swimming Membership (no Flex or Season 1) and be registered in AD.
- Eligibility can be long course or short course times. Entry times can be in short course or long course.
- Long course times take precedent over short course times
- In order to qualify for an event, a swimmer must have achieved the zone meet qualifying time or have a minimum of an "A" time and be one of the top 2 applicants in that event.
- Zone team entries coordinator will fill remaining entries based on USA Swimming's Power Point System.
- All Zone Team members will be available to race on an AD Relay on any day of the meet. Swimmers must be available to race all days, August 7<sup>th</sup> through August 10<sup>th</sup>.
- If athletes are not available to race all days, they may not be selected.
- All relay decisions are made by AD Zone Coaches.
- Applicants agree to be entered in events assigned by Zone Team Entries Coordinator.
- Once placed on AD Zone Team, swimmers will be entered in up to 8 events.
- AD Zone Coaches will have final say on all entries and relay selections.

2. Everyone is responsible to arrange for their own meals.

**3. All qualifiers are responsible for making their own hotel reservations.**

**Rooms are being held under Adirondack Swimming**

**Courtyard by Marriott Hampton Coliseum Center, 1917 Coliseum Drive, Hampton, VA 23666, (757) 838-3300**

**Hotel is Located Directly Across the road from the pool.**

**Use this link to book your room [Book your group rate room for Adirondack Swimming- Aug 2024](#)**

**Book ASAP, rooms will only be held until the hotel deadline date.**

**Team will travel on a Yankee Trails Bus, Departing Tuesday, August 6, 2024, 6:00AM Sharp, from the Pet Smart, 161 Washington Ave Ext, Albany.**

**We will be returning Sunday, August 11<sup>th</sup>, leaving the hotel at 7:00AM.**

## Qualifications per Meet Announcement

### *Meet Announcement details*

- *Competition is restricted to swimmers registered in one of the 12 LSCs in the Eastern Zone.*
- *Each swimmer must have a current USA Swimming premium athlete registration in the LSC which he/she represents.*
- *On-site registration will not be accepted at this meet.*
- *Swimmer's age as of August 7, 2024, determines his/her age group for the entire meet.*
- *Times must have been achieved between August 2, 2023, and the meet entry deadline.*
- *If an LSC does not enter two (2) swimmers who have the time standard in an event, the LSC may enter up to two (2) swimmers in that event regardless of their qualifying time.*
- *Eligibility of athletes with qualifying times for higher level meets:*
  - o *Athletes who have competed in an Individual Event at the USA Swimming National Championships, the USA Swimming Spring Championships, US Open, the USA Swimming Junior Championships or a USA Swimming Trials Class meet are not eligible to enter and compete at an EZ AG Championship meet.*
  - o *Athletes 13 years of age and over who have achieved a qualifying time in an individual event for any of the above meets prior to the entry deadline for the EZ meet, may not enter and compete in an EZ AG Championship meet.*
  - o *Athletes 12 years of age or younger who have achieved a qualifying time in an individual event for any of the above meets but have not competed in that event at the stated meet, may enter and compete in that event in an EZ AG Championship meet.*
- *LSCs may enter a maximum of Two (2) teams per relay event. 8 individual events max as long as they have a cut time. Relays must be made up of swimmers competing in the meet in individual events. 'Relay only' swimmers are NOT allowed.*
- *Max of 3 individual events per day.*
- *All entries must be submitted by the LSC – entries from individuals will not be accepted.*
- *All entry times MUST be submitted in SCY or LCM*

*See full announcement here: [www.easternzoneswimming.org](http://www.easternzoneswimming.org) go to Meets page*

# 2024 ADIRONDACK SWIMMING LONG COURSE ZONE ALL STAR TEAM APPLICATION

**APPLICATION DEADLINE: July 20, 2024**

Applications Must be Received by the Deadline Above

**PRINT ALL INFORMATION CLEARLY**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
LEGAL NAME OF ATHLETE (first mi last)

Club: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

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

Phone: athlete (\_\_\_\_) \_\_\_\_\_ parent (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Age on August 7, 2024:** \_\_\_\_\_

**Circle the size you want from the selections below. Do not write in sizes.**

T-Shirt Size (circle one) Adult -                      S      M      L      XL

Jacket Size (circle one) Youth -                      S      M      L      XL

Women - XS      S      M      L      XL

Men -                      S      M      L      XL

**Application Fee:            \$125.00**

**Make checks payable to: “Adirondack Swimming”**

Send all applications and fees to: JoAnn Faucett  
4 Edwin Dr.  
Charlton, NY 12019

# ADIRONDACK SWIMMING ZONE ALL STAR TEAM CODE OF CONDUCT

**All Adirondack Swimming Zone Team Members are Required to Adhere to the Following Code of Conduct:**

1. Team attire must be worn while on deck and during all competition.
2. Attendance at all team meetings is mandatory.
3. A nightly curfew will be established and must be observed by all athletes.
4. PROHIBITED are, possession or use of alcoholic beverages, tobacco and illegal drugs.
5. Inappropriate or destructive behavior is prohibited and will not be tolerated.
6. Disrespect, including sexual harassment or the appearance of sexual harassment, for any member of our team, or any other team, is strictly prohibited and will not be tolerated.

THE ABOVE CODE OF CONDUCT WILL BE IN EFFECT FROM  
THE TIME THE TEAM IS ASSEMBLED UNTIL RELEASE AT THE END OF THE TRIP.

## **VIOLATIONS OF ANY OF THE ABOVE WILL RESULT IN THE FOLLOWING:**

- Immediate dismissal from the team including sending the athlete home at the athlete's own expense.
- Scratching from further competition.
- Further disciplinary action from the Review Board of Adirondack Swimming.

I have read and understand the above code of conduct and I agree to abide by the above code of conduct while a member of the Adirondack Swimming Zone Team.

ATHLETE'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

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## **PERMISSION FOR EMERGENCY TREATMENT**

I HEREBY GIVE PERMISSION TO THE STAFF MEMBERS OF THE ADIRONDACK SWIMMING ALL STAR ZONE TEAM TO SIGN FOR EMERGENCY MEDICAL TREATMENT FOR MY SON/DAUGHTER , DURING THE ADIRONDACK SWIMMING TRIP TO THE EASTERN ZONE CHAMPIONSHIP MEET, IN THE EVENT THAT I CANNOT BE REACHED AT THE TIME OF THE EMERGENCY.

ATHLETE'S NAME: \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

EMERGENCY TELEPHONE NOS. TO CALL DURING TRIP: \_\_\_\_\_

## **INSURANCE INFORMATION**

Carrier Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

ID # \_\_\_\_\_ Group No.: \_\_\_\_\_

# Adirondack Swimming LSC Travel Policies

## Section 1 - USA Swimming Required Travel Policies

Club and LSC travel policies must include these policies. These items are Code of Conduct stipulations in the USA Swimming Rulebook.

- a) Club travel policies must be signed and agreed to by all athletes, parents, coaches and other adults traveling with the club. (305.5.D)
- b) Team managers and chaperones must be members of USA Swimming and have successfully passed a USA Swimming-administered criminal background check. (305.5.B)
- c) Regardless of gender, a coach shall not share a hotel room or other sleeping arrangement with an athlete (unless the coach is the parent, guardian, sibling, or spouse of that particular athlete). (305.5.A)
- d) When only one athlete and one coach travel to a competition, the athlete must have his/her parents' (or legal guardian's) written permission in advance to travel alone with the coach. (305.5C)

## Section 2 – Adirondack Swimming LSC Policies

- a) During team travel, when doing room checks, attending team meetings and/or other activities, two-deep leadership is preferable and open and observable environments should be maintained.
- b) During overnight team travel, if athletes are paired with other athletes they shall be of the same gender and should be a similar age. Where athletes are age 13 & Over, chaperones and/or team managers would ideally stay in nearby rooms. When athletes are age 12 & Under, chaperones and/or team managers may stay with athletes. Where chaperones/team managers are staying in a room with athletes, written consent shall be given by athlete's parents (or legal guardian).
- c) To ensure the propriety of the athletes, there will be no male athletes in female athlete's rooms and no female athletes in male athlete's rooms (unless the other athlete is a sibling or spouse of that particular athlete) without an adult present.
- d) A copy of the Club Code of Conduct must be signed by the athlete and his/her parent or legal guardian.
- e) The LSC shall obtain a signed Liability Release and/or Indemnification Form for each athlete.
- f) Team or LSC representatives shall carry a signed Medical Consent or Authorization to Treat Form for each athlete.
- g) Curfews shall be established by the team or LSC staff each day of the trip.
- h) Team members and staff traveling with the team will attend all team functions including meetings, practices, meals, meet sessions, etc. unless otherwise excused or instructed by the head coach or his/her designee.
- i) The directions & decisions of coaches/chaperones are final.
- j) Swimmers are expected to remain with the team at all times during the trip. Swimmers are not to leave the competition venue, the hotel, a restaurant, or any other place at which the team has gathered without the permission/knowledge of the coach or chaperone.
- k) When visiting public places such as shopping malls, movie theatres, etc., 12 & Under athletes will be accompanied by an adult.

*By my signature, below, I acknowledge that I have read and understand these policies.*

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of athlete \_\_\_\_\_ Date \_\_\_\_\_

or

Coach/Chaperone/Volunteer \_\_\_\_\_ Date \_\_\_\_\_

## ADIRONDACK SWIMMING LIABILITY RELEASE AND INDEMNIFICATION FORM

I, the undersigned, request voluntary participation for minor travel and participation in the following trip to a USA Swimming event: Eastern Zone Long Course Championship, August 7-10, 2024.

I consent to my minor child's participation in and travel to and from the USA Swimming/Adirondack Swimming event and related activities and acknowledge that I fully understand that participation and travel may involve risk of serious injury or death, including losses which may result not only from his or her own actions, inactions or negligence, but also from the actions, inactions, or negligence of others. This includes all travel to and from the event arranged by Adirondack Swimming, paid either by the participant or paid or reimbursed by Adirondack Swimming or USA Swimming. I understand that if I have any risk concerns, I should discuss the risks associated with participation with the activity coordinators and event staff, before I sign this document and before travel begins.

### Release

In consideration of allowing \_\_\_\_\_ to participate in and travel to and from USA Swimming/Adirondack Swimming events, I, and on behalf of my minor child, hereby release and hold harmless Adirondack Swimming, members of its board of directors, and its officers, employees, members, volunteers, other participants and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from the above named minor's travel to and from and participation in USA Swimming/Adirondack Swimming events and activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that he or she is in good health and has no physical condition that would prevent traveling to and from, or participating in, any USA Swimming/Adirondack Swimming events. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

\_\_\_\_\_  
(Print name of Parent/Guardian)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

### Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from the above named minor's participation in and travel to and from USA Swimming/Adirondack Swimming events and activities.

\_\_\_\_\_  
(Print name of Parent/Guardian)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)