

To: All Adirondack LSC Swim Clubs

June 1, 2021

Subject: Selection Process and Athlete Application for the 2021 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 2021 Eastern Zone "Long Course" Championship Meet will be held Aug. 4-7, 2021 (Wednesday- Saturday), in Richmond VA. We (AD Zone Team) will be Leaving Tuesday, August 3rd and Returning Sunday, August 7<sup>th</sup>.

Pool - College School Aquatic Center, 5050 Ridgedale Parkway, Richmond, VA 23234

**General Qualification Criteria:**

1. All athletes must be year round registered with Adirondack Swimming Inc. for the 2021 swim year.  
(year round USA Swimming Registration is required, Seasonal and Flex Registrations are not accepted)
2. Age qualification for the meet is as of August 4, 2021.  
To participate in a particular age group, a swimmer Must be that age on August 4, 2021.

**Application Process and Qualifying Times:**

1. Each swimmer must submit an application accompanied by an application fee:

**Application fee is \$100 if received by the July 19, 2021 deadline.** (\$25 non-Refundable)

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

Application fee will be applied to the cost of the trip package. A \$75.00 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 16, 2021, will receive no refund. Exceptions will be made for medical or family emergencies that can be documented.

**2. APPLICATION DEADLINE IS JULY 19, 2021**

3. AD Swimming may send 8 eligible athletes per gender per age group.  
Eligible age groups are 10-Under, 11-12 and 13-14.

**Application Eligibility:**

- AD Swimmer must have full USA Swimming membership (no Flex or Season 1) and be registered AD
- Eligibility can be long course or short course. All entry times will be in short course.
- Swimmer must have at least 1 "A" time standard in SWIMS in the age group they are eligible to compete in.
- Swimmers in each gender/age-group will be ranked by their fastest qualifying time based on the Hy-tech age-group point system. All ranking of times will be based upon Hy-tech age-group point system.
- All eligible swimmers will rank their event priority from 1-12
- Those with the fastest times will get selection and event entry priority.
- Once placed on AD Zone Team, swimmers will be entered in up to 8 events.
- Zone Head Coach will have final say on all entries and relay selections.
- Swimmer must commit to the entire 4-day meet to be eligible – including all appropriate sessions.

4. There is NO MEAL PLAN FOR SUMMER ZONES. Everyone is responsible to arrange for own meals.

**5. All qualifiers are responsible for making their hotel reservations through the Hotel.  
Families are responsible for payment of their own room.**

We will be staying at:

Holiday Inn Express Richmond, 870 Midlothian Turnpike, Richmond, VA 23235

The price is \$109/night + 14% tax, which includes Breakfast. All rooms have 2 King Beds.

All athletes are required to have a parent or responsible adult while at hotel.

Booking information is available on the next page.

6. We will be traveling to Virginia on a Yankee Trails Bus. All athletes are required to ride the bus to Virginia.  
Parents are welcome to follow bus.  
Bus will be available to transport 11-12 and 13-14 swimmers (prelims and finals) to and from the pool.  
10& Unders will travel to and from the pool with their parents.

## 2021 Adirondack Swimming Zone Team Hotel Reservations

### Reserve no later than 7/19/2021

Holiday Inn Express Richmond  
870 Midlothian Turnpike  
Richmond, VA 23235

- Rates are \$109 per night plus 14% tax
  - **2 King Beds**
  - **breakfast included**

Step 1: Go to [www.epntravel.net](http://www.epntravel.net)

Step 2: Click on the "Login" Tab

Step 3: If you have not done so already, Create an Account (everyone must have an account in order to book through EPN)

Step 4: Once Logged in, Click on the "Booking Code" tab

Step 5: Enter the following booking code: **ADswim**

Step 6: Select the tournament you are attending

Step 7: Click "Book an Individual Room" at your hotel of preference

Step 8: Complete your individual reservation information and then click Register.

Step 9: Your reservation is complete and you will receive an email outlining your reservation information. You may change your reservation until the hotel's cut-off date by logging in to your account, proceeding to the "My Reservations" tab, clicking the "Go" button next to the reservation to be modified, updating your reservation, and clicking the "Update Booking" button. To add additional nights outside of the set block dates to your hotel stay, please note the additional dates in the "Special Requests" box.

**\*Please note; you will not be asked for payment information at this time, but will be required to supply payment upon check in at the hotel\***

# 2021 ADIRONDACK SWIMMING LONG COURSE ZONE ALL STAR TEAM APPLICATION

**APPLICATION DEADLINE: July 19, 2021**

**PRINT ALL INFORMATION CLEARLY**

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

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

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

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

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

Home Telephone: (\_\_\_\_) \_\_\_\_\_

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

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

**Age on August 4, 2021:** \_\_\_\_\_

**T-Shirt Size (circle one)**                      **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:            \$100.00**

**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 4-7, 2021.

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)