

Dear Coach:

This is the 2010 Oregon Swimming Western Zone packet. We are asking for your assistance in dispersing this information to any swimmers on your team who you feel have a chance to qualify for the Zone meet or have already qualified. Please give your potential Zone swimmers the entire packet. Please follow up with the parents and encourage them **to send their paperwork to the Oregon Swimming Office by JULY 2nd in order to receive the benefit of a FREE ZONE Towel if chosen to the team.** Swimmers who apply by July 2 need to send in a deposit of \$200. The deposit check will be cashed. The amount is non-refundable, unless the swimmer is not chosen for the team. In that case, the full amount will be refunded to the swimmer the first week in August. The latest date to apply is August 1st at the 11 and Over Championships at Mt. Hood.

Times can be updated thru Monday July 26th by sending in times to the Oregon Swimming office, otherwise please bring updated application to the 11 and Over Championships to turn in on Sunday at the conclusion of the meet.

We have enclosed a list of FAQ's to help answer some common questions regarding the zone trip. If there are additional questions please contact Shelly Rawding hrvst.coach@gmail.com or Heather Thomas coach.heather@hotmail.com

Thank you in advance for assisting us in the Zones process.

Sincerely,

Shelly Rawding – Zone Head Coach
(509) 493-4679 home
(509) 637-4051 cell

Heather Thomas – Zone Manager
(503) 869-9585 cell

Oregon Swimming Inc.

2010 Zone Packet

San Jose, California

August 9-15, 2010

General Information:

The application must be in by the end of finals at the 11 and over Championships in Gresham on August 1st with check for \$650 payable to OSI. **Applications that are received by July 2nd with a \$200 deposit will receive an embroidered Zone towel, free**, when chosen for the team. The deposit check will be cashed. All swimmers who are not chosen for the trip will have their money refunded by check from OSI mailed to them the first week of August. Early applications are encouraged.

Questions can be directed to:

Shelly Rawding @ hrvst.coach@gmail.com or Heather Thomas @ coach.heather@hotmail.com

ZONE FAQ'S

How does a swimmer qualify for the Zone meet?

Male and female swimmers in each age group will be selected by the Zone Coaching Staff based on Zone qualifying standards. Qualifying times shall be the swimmer's best time from February 1, 2010 thru the entry deadline of this year and be listed as officially verified times in the USA Swimming database. Swimmers with 6 qualifying times will be selected first. Swimmers with 5,4,3,2 and then 1 Zone qualifying time(s) will be selected in that order until the team is filled. Preference will be given to those swimmers most likely to make finals and for age groups to complete relay teams.

When is the qualification deadline?

The Early Application deadline is July 2nd. If you have achieved at least one qualifying time by July 2nd and you would like to be chosen for the team to represent Oregon in San Jose, please turn in your completed application and a \$200 deposit to Oregon Swimming by July 2. Deposit check will be cashed. Swimmers who get their entry in early will receive an extra Team Oregon Zone towel, free, when chosen for the team. Deposit is non-refundable, unless swimmer is not chosen to the team. In that case the full amount will be refunded to the swimmer the first week in August. The final payment of \$450, will be due upon acceptance of swimmer on the Oregon Zone team on August 2nd.

Last day applications can be submitted is August 1st at the 11 and Over Championships. Application turned in by July 2nd needs a \$200 deposit, and applications turned in at the 11 and Over Championships need to have a check for \$650 attached.

When is the meet?

We leave on Monday August 9th. The meet will be held August 10th through August 14th. We will fly home on Sunday August 15th.

Where is the meet held?

This year the Western Zone Championship will be held at the Frank Fiscalini International Swim Center in San Jose, California.

627 N. Jackson Ave, San Jose, CA 95133 (Independence High School)

When do I need to turn in the paperwork?

Paperwork should be in as soon as possible. **Turn in your application with \$200 deposit by July 2nd and you will receive an extra zone towel, free, when chosen for the team.** The latest it may be turned in is August 1st. **Please help us out by getting your paperwork in early!** You can make changes and time updates to your application by turning in an updated application with best times at the 11 and Over Championships.

What is the cost and what does it include?

The cost this year is \$650. This includes air transportation to and from San Jose, all ground transportation, food, lodging, meet entry fees, team shirts, team picture & zone party. A check for \$650 + any fees for additional Zone merchandise must accompany this application. Swimmers not chosen will have their deposit check refunded.

Are the athletes required to travel with the zone team?

Yes. All athletes are required to travel with the team to San Jose and stay with the team during the meet. If you are traveling home with your family and not with the zone team, that can be approved in advance but the price for the trip remains the same.

Do the athletes have to stay with the zone team?

Yes. The athletes stay at the hotel as a team and will be expected to stay with the team throughout the trip. Your child is expected to be with the team for the week. For the swimmers, representing their state is a great privilege and exciting experience and along with this comes the responsibility to be an active part of Team Oregon.

How are chaperones chosen?

Chaperones will be chosen by the zone head coach and manager from the chaperone applications. If you are interested, submit a completed chaperone application, which can be found in the Zone packet. Please read the chaperone duties outlined in the packet before you apply. Priority will be given to chaperone applications of active coaches and to the parents of swimmers who are qualified.

How are each swimmer's events chosen?

Each LSC (Local Swimming Committee) may enter 400 individual events. No more than 160 entries may be slower than the Zone standards. Swimmers will be entered in the events they qualify first, and then non-qualifying swims will be entered, staying within the LSC entry limit. Swimmers are entered into their non-qualifying events by their preference on the application in this packet. Swimmers are allowed to compete in up to 6 individual events.

Can I bring "home" team gear to the meet?

Swimmers at zones are part of Team Oregon so no "home" team gear should be brought to the meet. The only exceptions are swimsuits, parkas and backpacks or bags with a team's name on it. **Please bring a pair of navy blue shorts and a competitive suit to wear as part of your team attire**, along with the t-shirts and caps that will be given to the swimmers. Team Oregon attire will be required to be worn for the duration of the trip. Team Oregon does not have a team swim suit.

Where will Team Oregon be staying for zones?

Team Oregon will be staying at the Doubletree Hotel San Jose, 2050 Gateway Place, San Jose, California, 95110
Tel: 1-408-453-4000 Fax: 1-408-437-2898

What is the after meet activity on Sunday?

On Sunday Morning Team Oregon will be having fun at Raging Waters, San Jose
2333 South White Road, San Jose , CA 95148. Phone: (408) 238-9900, Fax: (408) 270-2022

Where do I send the application and other zone information?

Send the completed application to:
Oregon Swimming
1750 SW Skyline Blvd., Suite 103
Portland, OR 97221-2545

Qualifying Times written on the application form will be cross checked with the USA Swimming and Oregon Swimming databases in order to ensure accuracy. Remember, your coach needs to sign the application.

****Do not send the information using a method requiring a signature for pickup. Please waive any signature requirements.**

Missing an event at the Zone meet may result in dismissal from the remainder of the meet. This decision may be made by the Head Coach or Zone meet officials.

If there are questions or assistance is needed at the Zone meet or prior to it, please ask the Head Coach or Team Manager.

A full itinerary will be sent to all athletes who are chosen for the team.

2010 Western Zone Swimming Championships Order of Events

TUESDAY

13/14	*1500 Freestyle	*1500/800 events will be swum 13-18 combined fastest to slowest, alternating women and men.
15/16	*1500 Freestyle	
17/18	*1500 Freestyle	
11/12	400 Freestyle Relay	
13/14	400 Freestyle Relay	
15/16	400 Freestyle Relay	
17/18	400 Freestyle Relay	

WEDNESDAY

10/under	100 Backstroke	10/under	50 Freestyle
11/12	100 Backstroke	11/12	50 Freestyle
13/14	200 Backstroke	13/14	50 Freestyle
15/16	200 Backstroke	15/16	50 Freestyle
17/18	200 Backstroke	17/18	50 Freestyle
10/under	100 Breaststroke	10/under	200 Medley Relay
11/12	100 Breaststroke	11/12	400 Medley Relay
13/14	200 Breaststroke	13/14	400 Medley Relay
15/16	200 Breaststroke	15/16	400 Medley Relay
17/18	200 Breaststroke	17/18	400 Medley Relay

THURSDAY

11/12	400 Freestyle	10/under	200 Individual Medley
13/14	100 Butterfly	11/12	200 Individual Medley
15/16	100 Butterfly	13/14	400 Individual Medley
17/18	100 Butterfly	15/16	400 Individual Medley
10/under	50 Butterfly	17/18	400 Individual Medley
11/12	50 Butterfly		
13/14	200 Freestyle		
15/16	200 Freestyle		
17/18	200 Freestyle		

FRIDAY

10/under	100 Butterfly	10/under	200 Freestyle
11/12	100 Butterfly	11/12	200 Freestyle
13/14	200 Butterfly	13/14	400 Freestyle
15/16	200 Butterfly	15/16	400 Freestyle
17/18	200 Butterfly	17/18	400 Freestyle
10/under	50 Breaststroke	11/12	200 Medley Relay
11/12	50 Breaststroke	13/14	200 Medley Relay
13/14	100 Breaststroke	15/16	200 Medley Relay
15/16	100 Breaststroke	17/18	200 Medley Relay
17/18	100 Breaststroke		

SATURDAY

10/under	50 Backstroke	13/14	200 Individual Medley
11/12	50 Backstroke	15/16	200 Individual Medley
13/14	100 Backstroke	17/18	200 Individual Medley
15/16	100 Backstroke	13/14	*800 Freestyle
17/18	100 Backstroke	15/16	*800 Freestyle
10/under	100 Freestyle	17/18	*800 Freestyle
11/12	100 Freestyle	10/under	200 Freestyle Relay
13/14	100 Freestyle	11/12	200 Freestyle Relay
15/16	100 Freestyle	13/14	200 Freestyle Relay
17/18	100 Freestyle	15/16	200 Freestyle Relay
		17/18	200 Freestyle Relay

OREGON SWIMMING, INC.

2010 Western Zone Meet

August 9-15, 2010 San Jose, California

CODE OF CONDUCT

The following rules are designed to help insure a safe and quality experience for everyone and insure conditions which are conducive to achieving exceptional performances. Anyone who, in the opinion of the staff, acts in a manner that would interfere with these objectives will be subjected to immediate disciplinary action.

1. Each swimmer shall be considerate of his/her teammates, and realize that the reputation of Oregon Swimming is dependent on the behavior of each team member. This purpose of this trip is to provide an experience which will afford a valuable competitive opportunity and experience for the participants. **The trip is not intended to be a swimming vacation.**
2. A specific daily schedule will be distributed to all swimmers and staff with information concerning warm-ups, curfews, and other pertinent information. If you have any questions, see your coach immediately. At times, because of circumstances beyond our control, the schedules will change. **Flexibility is the key.**
3. **Punctuality is essential.** The team will eat and travel together. Do not inconvenience your teammates by being late.
4. Clean and neat attire is required at all times. Check with your coach if you are not sure what to wear. Team uniforms will be required for most activities. **Team members are expected to exhibit polite and proper behavior at all times.**
5. All swimmers must be in their assigned rooms before curfew. Lights-out is 30 minutes after curfew. **Curfew violators will be reassigned to share rooms with staff members.** Curfews are designed to provide you with the rest you need in order to perform at your best.
6. **Damage** or theft incurred by the motel or pool facility will be at the **expense of the swimmer**, with further disciplinary action taken by the staff. Swimmers must use cell phones or make collect calls or use pay phones in the lobby (not phones in the rooms) for long distance calls, including calling card calls as they incur access fees. **Doors must remain open**, and no males allowed in females rooms, and vice-versa.
7. Possession of alcoholic beverages, tobacco products, or non-prescription drugs is prohibited. **The strictest punishment will be imposed for these infractions.** Anyone found in the presence of others partaking in illicit activities will be subject to the same punishments and **probable expulsion from the team.**
8. Severity of punishment varies with the severity of the infraction, the most serious of which is expulsion from the team and being **sent home**. Expelled members are responsible for all costs incurred as a result, including transportation expense.

I have read the above code of conduct and agree to abide by the terms set forth above, and understand the consequences of a violation(s) of the code.

Athletes' Name: _____

Athletes' signature: _____ Date: _____

Parents' signature: _____ Date: _____

OREGON SWIMMING, INC.
MEDICAL AUTHORIZATION

Meet Name: 2010 Western Zone Meet
Travel/ Competition Dates: August 9-15, 2010
Site: San Jose, California

I do hereby voluntarily consent to necessary medical and/or surgical procedures and treatment by the medical facility/hospital chosen by Oregon Swimming for:

Printed Name of Athlete: _____

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantee is to be made to me as the result of the treatments or examinations by these person or facilities.

Signature of Swimmer _____ Date _____

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian _____ Date _____

Phone numbers where relative or guardian can be reached in case of an emergency **during duration of time when your child is on the Zone trip and at the meet**

Day _____ Evening _____

Email _____ FAX _____

Health Insurance Company (if any): _____ Policy # _____

SEND COPY OF HEALTH INSURANCE CARD TO OSI WITH ACCEPTANCE FORMS

Dentist: _____ Phone _____

Physician: _____ Phone _____

HEALTH HISTORY

<p><u>Allergies/ sensitivity:</u></p> <p>Penicillin YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Morphine, codeine, Demerol or other narcotics? _____</p> <p>Novocaine or other anesthetics? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Aspirin, emperin, advil or other pain remedies? _____</p> <p>Sulfa drugs? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Tetanus, antitoxin or other serums? _____</p> <p>Adhesive tape? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Iodine or methiolate? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Latex or rubber? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Allergy to bee stings, insect bites or other? _____</p> <p>Allergy to foods such as eggs, milk, chocolate? _____</p> <p>Any other drug or medication(s) used regularly? List _____</p> <p>Last tetanus booster, if known: _____</p>	<p><u>Drugs taken within last six months:</u></p> <p>Cortisone YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>ACTH YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Anticoagulants YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Tranquilizers YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>High Blood Pressure YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Inhalers YES <input type="checkbox"/> NO <input type="checkbox"/> (please describe) _____</p> <p><u>Has swimmer rec'd treatment for:</u></p> <p>Asthma YES <input type="checkbox"/> NO <input type="checkbox"/> Date last treated _____</p> <p>Rheumatism YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Rheumatic Fever YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Head Injuries or Trauma YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="padding-left: 40px;">Eczema/Skin Problems/Athlete's Foot YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Ear Problems YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Problems with any previous surgery or .surgical anesthetic YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Other Medical Condition Not Listed (please describe, use back page if needed) _____ _____</p>
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Special Needs:

Vision Restriction or Prescription Goggles YES NO

Food Allergies (list) : _____

Food Restrictions (circle) Vegan Vegetarian No Dairy No Meat Other, Specify: _____

Has your child traveled away from home alone before i.e. summer camp, sleepovers, etc.?

Experienced separation anxiety?: _____

Any other special needs that we need to be aware of?: _____

Use this space for any other additional comments/ information & enclose medication list if needed:

Thank you for you cooperation! We look forward to a fun and safe trip!

**MALE ATHLETE APPLICATION
2010 WESTERN ZONE CHAMPIONSHIPS
San Jose, California August 9-15, 2010**

Application must be received by the end of finals at 11 and Over Championships on August 1, 2010. A check for \$650 + any fees for additional Zone merchandise must accompany this application. (If applying by July 2nd, send in \$200 deposit. Deposit check will be cashed. Balance will be due when chosen for team. Swimmers not chosen will have their checks refunded.) Acceptance/regrets notices will be mailed on August 2. Athletes must be full year members of USA Swimming. **It is important to fill out this form COMPLETELY.**

Name: _____ USA Swimming #: _____ Age (as of 8/10/2010): _____

Mailing Address: _____ City, State, Zip: _____

Home Phone: (____) _____ Athlete's E-mail : _____

Parent Contact: _____ Parent E-mail: _____ Reach at or Cell: _____

The times you list below must have been achieved in sanctioned competition since February 1, 2010. In the column marked All Times list all times which are slower than the Zone Standard. (Make sure you include all 50 times they will be used for Relay Selection.) Be sure to list date achieved for times listed.

(Circle 6 favorite events)	Boy's Zone Standard LCM				Zone Times Achieved		All Times & 50 splits list m or yd	Date swam
	11-12	13-14	15-16	17-18	LCM	SCY		
Event	11-12	13-14	15-16	17-18				
50 Free	29.59	27.29	26.29	26.59				
100 Free	1:04.29	58.99	57.49	58.39				
200 Free	2:19.79	2:08.09	2:05.79	2:07.99				
400 Free	4:55.59	4:31.99	4:26.79	4:35.49				
800 Free		9:28.49	9:20.89	9:38.69				
1500 Free		18:06.09	18:03.69	18:38.59				
50 Back	34.89							
100 Back	1:15.09	1:08.09	1:06.19	1:09.19				
200 Back		2:25.89	2:23.79	2:31.29				
50 Breast	38.29							
100 Breast	1:24.49	1:15.99	1:14.39	1:17.39				
200 Breast		2:45.39	2:43.09	2:51.09				
50 Fly	32.49							
100 Fly	1:12.89	1:05.19	1:03.39	1:04.99				
200 Fly		2:26.99	2:23.89	2:33.69				
200 IM	2:38.99	2:25.09	2:22.39	2:26.49				
400 IM		5:08.59	5:04.59	5:22.09				

Your Club Name: _____ Coach's Name: _____ Coach's Phone: _____

Coach's Comments: _____

Coach Signature: _____

OSI will provide 2 caps, embroidered patch, bag and 3 T-shirts this year.

Return to Oregon Swimming before 7/27/2010, 1750 SW Skyline Blvd. Ste.103, Portland, OR 97221-2545

T Shirt Size: (Circle One) S M L XL	Additional Caps for trading: amount (5 max) _____ X (\$4 each) = \$ _____ Additional T-shirts for trading amount (3 max) _____ X (\$10 each) = \$ _____ Total Cost of Optional items: \$ _____ (Please include with fee check)
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**FEMALE ATHLETE APPLICATION
2010 WESTERN ZONE CHAMPIONSHIPS
San Jose, California August 9-15, 2010**

Application must be received by the end of finals at 11 and Over Championships on August 1, 2010. A check for \$650 + any fees for additional Zone merchandise must accompany this application. (If applying by July 2nd, send in \$200 deposit. Deposit check will be cashed. Balance will be due when chosen for team. Swimmers not chosen will have their checks refunded.) Acceptance/regrets notices will be mailed on August 2. Athletes must be full year members of USA Swimming. **It is important to fill out this form COMPLETELY.**

Name: _____ USA Swimming #: _____ Age (as of 8/10/2010): _____

Mailing Address: _____ City, State, Zip: _____

Home Phone: (____) _____ Athlete's E-mail : _____

Parent Contact: _____ Parent E-mail: _____ Reach at or Cell: _____

The times you list below must have been achieved in sanctioned competition since February 1, 2010. In the column marked All Times list all times that are slower than the Zone Standard. (Make sure you include all 50 times they will be used for Relay Selection.) Be sure to list date achieved for times listed.

(Circle 6 favorite events)	Girl's Zone Standard LCM				Zone Times Achieved & Date		All Times & 50 splits list m or y	Date Swam
	11-12	13-14	15-16	17-18	LCM	SCY		
Event	11-12	13-14	15-16	17-18				
50 Free	29.39	28.89	28.99	29.89				
100 Free	1:04.69	1:02.69	1:02.89	1:05.09				
200 Free	2:20.59	2:15.09	2:15.59	2:21.19				
400 Free	4:56.49	4:43.99	4:44.69	5:00.19				
800 Free		9:51.69	9:53.69	10:26.09				
1500 Free		18:55.69	19:01.49	20:18.79				
50 Back	34.59							
100 Back	1:14.19	1:11.59	1:11.89	1:16.69				
200 Back		2:33.29	2:34.69	2:44.79				
50 Breast	38.59							
100 Breast	1:24.09	1:20.89	1:19.59	1:25.99				
200 Breast		2:54.09	2:55.99	3:07.79				
50 Fly	32.39							
100 Fly	1:12.49	1:09.59	1:09.89	1:13.89				
200 Fly		2:35.49	2:37.09	2:51.59				
200 IM	2:38.79	3:33.99	2:34.99	2:40.69				
400 IM		5:25.79	5:27.39	5:52.39				

Your Club Name: _____ Coach's Name: _____ Coach's Phone: _____

Coach's Comments: _____

Coach Signature: _____

OSI will provide 2 caps, embroidered patch, bag and 3 T-shirts this year.

Return to Oregon Swimming before 7/27/2010 to 1750 SW Skyline Blvd. Ste.103, Portland, OR 97221-2545

T Shirt Size: (Circle One) S M L XL

Additional Caps for trading: amount (5 max) _____ X (\$4 each) = \$ _____

Additional T-shirts for trading amount (3 max) _____ X (\$10 each) = \$ _____

Total Cost of Optional items: \$ _____

(Please include with fee check)

CHAPERONE APPLICATION

The 2010 Western Zone Championships will be held August 10-14th in San Jose, California. We will be gone from August 9 to August 15, 2010. Persons interested in serving as chaperones (expenses paid) are encouraged to complete the application, FAX to 503-297-8498 or mail, by July 26, to: Oregon Swimming, 1750 SW Skyline Blvd. Suite 103, Portland, OR 97221.

Please Note: You are attending the trip to chaperone the entire team. You may be asked to get up early or stay up later than the children. You need to be able to lift boxes, such as cases of water and carry them for short distances. You may be asked to run errands during the swim meet. We will make every attempt to allow you to watch your child swim. You are there to meet the needs to the athletes and coaches, and to interact with the swimmers. Fun loving, multi-tasking individuals are encouraged to apply.

Qualifications:

Current First Aid & CPR
Must be Oregon Swimming coach or parent
Enjoy working with age group athletes
Experience with group dynamics, teaching
Knowledgeable of the sport
Organized, adaptable, flexible, not easily stressed
Current Driver's License

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PH: (W) _____ (H) _____

EMAIL: _____

AGE: ___ GENDER: ___

Shirt Size S M L XL XXL

Short Size, Waist (specify) _____

Best time/place to contact you _____

Occupation: _____

Employer: _____

Please include copies of:

- Valid Drivers License # _____
- Current Automobile Insurance
- Current CPR Certification
- Current First Aid Certification
- Other, If Applicable (specify)

Note: If you do not have current certifications, but are willing to obtain them as a condition of your participation, please check here

Do you have children that expect to attend Zones?
Yes No

Will this affect your decision to serve as chaperone?
Yes No

What is your current or past involvement with Oregon Swimming? _____

Have you previously been involved with Zones?
Y N

If yes, what year and in what capacity?

Questions, please contact Heather Thomas at
coach.heather@hotmail.com

Thank you.