



FLORIDA SWIMMING, INC
 297 East Hwy. 50, Suite 3, Clermont, FL 34711
 352-242-5145 (O) 352-242-5245 (F) FLSOffice2@aol.com

2008 USA Swimming Southern Zone Meet
July 29 – August 3, 2008
Georgia Tech

Swimmers! You have been selected to apply to represent Florida Swimming in the USA Swimming Southern Zone Age Group Championship Meet. This meet premieres the best of Florida Swimming athletes to compete against the other 15 LSC's in the Southern Zone. Each LSC brings their best athletes forward to compete against the South's best. Being selected as a member of Florida Swimming Southern Zone Championship Team you have been given the opportunity to compete at the top of your sport against some of the best athletes in the nation. This year's USA Swimming Southern Zone Meet will be held in Atlanta – Georgia Tech.

The Florida Swimming Office is accepting applications with a non-refundable deposit in the amount of \$375.00. We will have two selection dates. The majority of the team will be chosen based on the Florida Swimming S/C Top 10 Rankings, by April 14th. Florida Swimming will score the top 5 finishers in the 11-12, 13-14, age groups and the top 10 finishers for the 15-18 age groups. The remaining two spots for the 11-12s and 13-14s will be chosen at the L/C J.O.'s, July 17-20, 2008. Swimmers (early selection) will be notified by the Zone Coaching Staff and given until May 30th to respond with the application and deposit. The final two swimmers chosen at L/C Junior Olympics and will have until Monday, July 21st to respond with an application and deposit. Swimmers who qualify for the 2008 USA Swimming Summer Nationals are not eligible; however swimmers who have made the 2008 USA Swimming Spring Nationals are eligible for Zones. If you apply with a \$375.00 check and are selected, but choose not to swim at the Southern Zone Championships, your money will NOT be refunded. If you apply with a \$375.00 check and are NOT selected, your money will be refunded.

In committing to represent Florida Swimming at the Southern Zone Championships, each athlete is committing to train hard, train consistently and prepare to have life-time best performances at the Southern Zone Championships.

Parent Signature _____

Athlete Signature _____

Coaches Signature _____

Please submit applications to:

Helen Kelly

Florida Swimming

297 E. Hwy. 50, Suite #3

Clermont, Florida 34711

(352) 242-5145

(353) 242-5245 FAX



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**APPLICATION 2008 FLORIDA SWIMMING
 SOUTHERN ZONE TEAM**

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: () _____

Business Phone/Cell Phone: () _____ Email: _____

Emergency Contact: _____ Phone: _____

Age as of July 29, 2008: _____ Sex: _____ Team: _____

USA Swimming Number: _____

\$375.00 Non-refundable deposit/Check # _____ Payable to Florida Swimming

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

Shorts Size (Circle One) S M L XL

List your best long course times from this season. Also include on a separate print out, your life time best times. All events offered in appropriate age groups must be filled in. Please attach a Hy-Tek "Team Manager" report of best times.

EVENT	MEET/DATE
50 Free _____	_____
100 Free _____	_____
200 Free _____	_____
800 Free _____	_____
1500 Free _____	_____
50 Back _____	_____
100 Back _____	_____
200 Back _____	_____
50 Breast _____	_____
100 Breast _____	_____
200 Breast _____	_____
50 Fly _____	_____
100 Fly _____	_____
200Fly _____	_____
200 IM _____	_____

400 IM _____



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FLORIDA SWIMMING MEDICAL RELEASE FORM & CODE OF CONDUCT

Medical Release:

I _____, natural parent, or guardian
of _____, do hereby relieve FLORIDA SWIMMING, the AGE
GROUP VICE-CHAIRMAN and the COACHING STAFF, from any liability in connection with the 2008
Southern Zone Meet, July 29 – August 3, 2008, in Georgia Tech.

In the event he/she is incapacitated due to illness or injury and it is impossible to contact me for any medical
treatment, then I hereby grant permission to the coaches and or chaperones to use their own best judgment in
the medical treatment they may secure for my child.

In the event that this should be necessary, my insurance is with _____,
and the policy number is _____.

SIGNED BY: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE:() _____

CELL:() _____ Must be available at all times!



CODE OF CONDUCT

I, as a member of the 2008 FLORIDA SWIMMING ZONE TEAM understand and agree to comply with the following
guidelines set forth by FLORIDA SWIMMING while on the pool deck.

1. Will comply with all uniform requirements
2. No use of tobacco products or controlled substances
3. No possession or use of alcoholic beverages
4. Will comply with the USA Swimming Southern Age Group Swimming Code of Conduct
5. Will come prepared to swim life time best performances

By signing this agreement, I hereby acknowledge these guidelines as set forth by FLORIDA SWIMMING, the AGE
GROUP VICE- CHAIR, the HEAD COACH and the TEAM CAPTAINS. I understand that the violation of these
guidelines will be cause for disciplinary actions as determined by the COACHING STAFF, subject to my right to
appeal.

ATHLETE'S SIGNATURE

DATE

PARENT OR GUARDIAN SIGNATURE

DATE