



FLORIDA SWIMMING, INC
 214 E. Washington St, Suite B, Minneola FL 34715
 352-242-5145 (O) 352-242-5245 (F) FLSOffice2@aol.com



2010 USA Swimming Southern Zone Meet
July 27 – August 1, 2010 **Georgia Tech, Atlanta, GA**

Swimmers! Below is the selection application to represent Florida Swimming in the USA Swimming Southern Zone Age Group Championship Meet. Athletes selected for this meet represent the finest of Florida Swimming competing against the other 15 LSC's in our Southern Zone. **Team Florida is the three time defending champion!** Each LSC sends their best athletes 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 at the Georgia Tech Aquatic Center.

The majority of the team will be selected starting after April 15th based on the Florida Swimming S/C Top 10 Rankings. Florida Swimming will invite the top 4 athletes in the 11-12, 13-14, age groups and the top 10 athletes in the 15-18 age group after compiling a high point score using the Florida Swimming S/C Top 10 Rankings (all events). The remaining three spots for the 11-12 and 13-14 age groups will be chosen using the high point totals at the L/C J.O. Championship Meet, July 15-18, 2010. Coaches of potential first round selection swimmers will be notified by email by the Age Group Chair in order to facilitate conversations between the coaches and families about participation in the Zone Meet. The Zone Coaching Staff will make the official invitations and swimmers will be given 3 days to make the verbal commitment and until June 1 to respond with their application and deposit of \$400.

Swimmers who have qualified for the 2009 U.S. Open are not eligible to participate.

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.

By submitting this application for Southern Zone All Star event, you are giving permission to post photo's from this event to the Florida Swimming web site.

Parent Signature: _____ Notarization required for parent signature

Athlete Signature: _____

Coaches Signature: _____

Please submit applications and payment to:

Helen Kelly

Florida Swimming, Inc.

214 E. Washington Street, Suite B

Minneola, Florida 34715

(352) 242-5145

(352) 242-5245 FAX



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Application Form
2010 FLORIDA SWIMMING SOUTHERN ZONE TEAM

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: () _____ Athlete Cell Phone: () _____

Email: _____

Emergency Contact: _____ Phone: _____

Age as of July 27, 2010: _____ Sex: _____ Team: _____

USA Swimming Number: _____

\$400.00 Non-refundable deposit Payable to Florida Swimming - Check # _____

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

Shorts Size – Adult Sizes (Circle One) S M L XL

List your 8 best Long Course events and times from this season.

EVENT

TIME



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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 and all liability in connection with the 2010 Southern Zone Meet, July 27 – August 1, 2010, in Atlanta.

In the event he/she is incapacitated due to illness or injury and it is impossible to contact me for any medical treatment, I then 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 this should be necessary, the above named athletes insurance carrier is _____ 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 2010 FLORIDA SWIMMING ZONE TEAM, understand and agree to comply with the following guidelines set forth by FLORIDA SWIMMING while traveling to/from this event, during hotel stay, on the pool deck, and for every activity associated with this event:

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
6. By submitting this application for **Southern Zone All Star** event, you are giving permission to post photo's from this event to the Florida Swimming web site.

By signing this agreement, I hereby acknowledge these guidelines as set forth by FLORIDA SWIMMING, the AGE GROUP VICE- CHAIRMAN, the HEAD COACH and the TEAM CAPTAINS. I understand that the violation of any 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

Notarization Required for Parent Signature