

Dear Coach:

This is the 2008 Oregon Swimming Western Zone packet. We are asking for your assistance in dispersing this information to any swimmers on your team who you feel has a chance to qualify for the Zone meet or have already qualified. Please give your potential Zone swimmers the entire packet. If you want a swimmer to attend the Zone meet, please follow up with the parents and encourage them to send their paperwork as soon as possible. If they have not swum any qualifying times, but you feel they have a good chance to make the times ask them to send in the paperwork; times can be updated at 11 & Over Champs. Having some idea of who is interested in going before we start the process will make the selection process much easier for the staff.

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 Sane Bennett– kickhard33@hotmail.com or Jeanine Serrano – jserrano@ttsd.k12.or.us

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

Sincerely,

Shane Bennett – Head Zone Coach
Jeanine Serrano – Zone Manager
Oregon Swimming Inc.

2008 Zone Packet

Gresham, Oregon

August 5 – 10, 2008

General Information:

The application must be in by July 27th with a check for \$285 payable to OSI. Get your information in as early as possible if you are planning to participate at Zones.

Questions can be directed to:

Shane Bennett– kickhard33@hotmail.com or Jeanine Serrano – jserrano@ttsd.k12.or.us

ZONE FAQ'S

How does a swimmer qualify for the Zone meet?

**The qualification times must have been swum in the past year since the first day of Zones, August 10th, 2007. The times must be from a USA Swimming sanctioned meet or a Colorado high school state meet. Backstroke and IM times must be observed and signed off by the meet referee at high school meets. If the meet results are not on the Colorado Swimming website, provide a hard copy of meet results for proof of time.

When is the qualification deadline?

The deadline is the last day of the OSI 11 & Over Long Course Championship, July 27.

When is the meet?

The meet will be held August 5th through August 9th. We will be going on a white water rafting trip on the White Salmon River the day following the meet August 10th

Where is the meet held?

This year the Western Zone Championship will be held at the Mt Hood Community College Aquatic Facility located at

When do I need to turn in the paperwork?

Paperwork should be in as soon as possible. The latest it may be turned in is at the end of the 11 & Over meet, but the Zone coaches would like to get started on as much of the work as possible before the state meet. Even if the swimmer is not fully qualified at this time, please send in the paperwork if you plan to attend if you qualify. This will enable those planning the trip to get an estimate on numbers, suit sizes, etc. Please help us out by getting your paperwork in early. You can make changes to the information at the state meet. Updates may also be done by contacting Shane Bennett or Jeanine Serrano at the Championship meet.

What is the cost and what does it include?

The cost this year is \$285. This includes ground transportation, food, lodging, meet entry fees, team uniform, team picture, zone party and half day rafting trip on the White Salmon River. A check for \$285 + any fees for additional Zone merchandise must accompany this application. Swimmers not chosen will have their checks returned.

Are the athletes required to travel with the zone team?

Yes. All athletes are required to travel with the team.

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 a committee 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 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. There is no guarantee every swimmer will swim a race they have not qualified for to stay within the guidelines. This will depend on the number of swimmers Oregon has attending. A team of 66 or smaller allows for all swimmers to be entered into 6 events, at 67 swimmers and up there will be some who will participate in 5 events.

May a swimmer wear a suit other than the one provided by Oregon Swimming?

A swimmer may wear a suit other than the one provided. We get a discount on the team suits from Speedo and encourage everyone to order one when filling out your application.

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 parkas and backpacks or bags with a team's name on it. The uniform will be passed out to the swimmers at the hotel before the meet. This includes fleece jacket, team shorts, three t-shirts, and cap. Team Oregon attire will be required to be worn for the duration of the trip.

Where will Team Oregon be staying for zones?

Team Oregon will be staying at the Clarion Inn, located at 11518 NE Glen Widing Dr, Portland, OR 97220. The phone number for the hotel is 503-252-2222. No rooms have been reserved for parents.

What is the after meet activity on Sunday?

On Sunday Team Oregon will be taking a half-day white water rafting trip on the White Salmon River in Washington followed by a bar-b-q lunch.

Where do I send the application and other zone information?

Send the completed application before July 23 to:
Oregon Swimming
1750 SW Skyline Blvd., Suite 103
Portland, OR 97221-2545

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.

2008 Western Zone Swimming Championships Order of Events

TUESDAY

13/14	*1500 Freestyle
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

*1500/800 events will be swum 13-18 combined
fastest to slowest, alternating women and men.

WEDNESDAY

10/under	100 Backstroke
11/12	100 Backstroke
13/14	200 Backstroke
15/16	200 Backstroke
17/18	200 Backstroke
10/under	100 Breaststroke
11/12	100 Breaststroke
13/14	200 Breaststroke
15/16	200 Breaststroke
17/18	200 Breaststroke

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

THURSDAY

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

10/under	200 Individual Medley
11/12	200 Individual Medley
13/14	400 Individual Medley
15/16	400 Individual Medley
17/18	400 Individual Medley

FRIDAY

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

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

SATURDAY

10/under	50 Backstroke
11/12	50 Backstroke
13/14	100 Backstroke
15/16	100 Backstroke
17/18	100 Backstroke
10/under	100 Freestyle
11/12	100 Freestyle
13/14	100 Freestyle
15/16	100 Freestyle
17/18	100 Freestyle

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

OREGON SWIMMING, INC.

2008 Western Zone Meet

August 5-10th, 2008 – Gresham, OR

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 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. Be prepared for such changes. **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 make collect calls or use pay phones in the lobby for long distance calls, including calling card calls as they incur access fees. **Doors must remain open** when you have guests in your room, 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' signature: _____ Date: _____

Parents' signature: _____ Date: _____

OREGON SWIMMING, INC. MEDICAL AUTHORIZATION

Meet Name: 2008 Western Zone Meet
Travel/ Competition Dates: August 5-10, 2008
Site: Gresham, OR

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 All Star 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

Allergies/ sensitivity:

Penicillin YES NO

Morphine, codeine, Demerol or other narcotics?

Novocaine or other anesthetics? YES NO

Aspirin, emperin, advil or other pain remedies?

Sulfa drugs? YES NO

Tetanus, antitoxin or other serums? _____

Adhesive tape? YES NO

Iodine or methiolate? YES NO

Latex or rubber? YES NO

Allergy to bee stings, insect bites or other?

Allergy to foods such as eggs, milk, chocolate?

Drugs taken within last six months:

Cortisone YES NO

ACTH YES NO

Anticoagulants YES NO

Tranquilizers YES NO

High Blood Pressure YES NO

Inhalers YES NO (please describe)

Has swimmer rec'd treatment for:

Asthma YES NO Date last treated _____

Rheumatism YES NO

Rheumatic Fever YES NO

Head Injuries or Trauma YES NO

Eczema/Skin Problems/Athlete's Foot YES NO

Ear Problems YES NO

Problems with any previous surgery or .surgical

<p>_____</p> <p>Any other drug or medication(s) used regularly? List</p> <p>_____</p> <p>Last tetanus booster, if known:</p> <p>_____</p> <p>_____</p>	<p>anesthetic YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Other Medical Condition Not Listed (please describe, use back page if needed)</p> <p>_____</p> <p>_____</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
2008 WESTERN ZONE CHAMPIONSHIPS
Gresham, OR August 5-10th

Application must be received, by the end of finals at the Oregon Swimming 11 & Over Age Group Championships, Sunday July 27th, 2008. A check for \$285 + any fees for additional Zone merchandise must accompany this application. Swimmers not chosen will have their checks returned. Acceptance/regrets notices will be mailed after the 11 & Over Championships. Athletes must be full year members of USA Swimming.

Name: _____ USA Swimming #: _____ Male /Female Age (as of 8-5-08): _____

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 March 2008. In the column marked AG Sectional times list all times which are faster than AG Sectional times and slower than the Zone Standard. Make sure you include all 50 times they will be used for Relay Selection.

(Circle 5 favorite events)	Boy's Zone Standard LCM				Zone Times Achieved & Date	AG Sectional Times & 50 splits
	11-12	13-14	15-16	17-18		
Event						
50 Free	29.59	27.29	26.29	26.59		
100 Free	1:04.19	58.89	57.39	58.29		
200 Free	2:19.69	2:08.19	2:05.69	2:07.89		
400 Free	4:55.99	4:31.69	4:26.99	4:35.19		
800 Free		9:29.99	9:19.99	9:37.69		
1500 Free		18:02.79	18:03.19	18:35.19		
50 Bk	34.99					
100 Back	1:15.19	1:07.99	1:06.39	1:09.29		
200 Bk		2:25.79	2:24.09	2:31.29		
50 Brst	38.29					
100 Brst	1:24.39	1:16.29	1:14.39	1:17.29		
200 Brst		2:45.79	2:43.29	2:50.99		
50 Fly	32.39					
100 Fly	1:12.79	1:05.19	1:03.49	1:04.89		
200 Fly		2:26.89	2:23.79	2:33.59		
200 IM	2:38.89	2:24.99	2:22.49	2:26.39		
400 IM		5:08.29	5:04.59	5:21.79		

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

Coach's Comments: _____

Coach's Signature: _____

OSI will provide fleece jacket, shorts, cap, embroidered patch and 3 T-shirts this year. Athletes may purchase a swimmer's backpack and Aquablade suit at the Zone team discounted price.

T Shirt Size: (Circle One) S M L XL	Optional Items: Aquablade Suit) Size _____ (brief \$27 /jammer\$38)= \$ _____
	Backpack-(\$38) = \$ _____
Short Size: (Circle One) XS S M L	Additional Caps for trading: amount (5 max) _____ X (\$3.50each) = \$ _____
	Additional T- shirt for trading amount (3 max) _____ X (\$9 each) = \$ _____
	Total Cost of Optional items: \$ _____
	<i>(Please include with fee check)</i>

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FEMALE ATHLETE APPLICATION
2008 WESTERN ZONE CHAMPIONSHIPS
Gresham, OR, August 5-10th

Application must be received, by the end of finals at the Oregon Swimming 11 & Over Age Group Championships, Sunday July 27th, 2008. A check for \$285 + any fees for additional Zone merchandise must accompany this application. Swimmers not chosen will have their checks returned. Acceptance/regrets notices will be mailed after the 11 & Over Championships. Athletes must be full year members of USA Swimming.

Name: _____ USA Swimming #: _____ Male /Female Age (as of 8-5-08): _____

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 March 2008. In the column marked AG Sectional times list all times which are faster than AG Sectional times and slower than the Zone Standard. Make sure you include all 50 times they will be used for Relay Selection.

(Circle 6 favorite events)	Girl's Zone Standard LCM				Zone Times Achieved & Date	AG Sectional Times & 50 splits
	11-12	13-14	15-16	17-18		
Event						
50 Free	29.39	28.89	28.99	29.89		
100 Free	1:04.69	1:02.59	1:02.99	1:04.99		
200 Free	2:20.69	2:14.99	2:15.79	2:21.09		
400 Free	4:56.19	4:43.69	4:45.39	4:59.89		
800 Free		9:51.59	9:52.69	10:25.69		
1500 Free		18:57.09	19:02.19	20:15.09		
50 Bk	34.59					
100 Back	1:14.29	1:11.69	1:12.09	1:17.09		
200 Bk		2:33.59	2:35.09	2:45.59		
50 Brst	38.59					
100 Brst	1:24.19	1:20.79	1:19.49	1:26.39		
200 Brst		2:53.99	2:56.19	3:08.09		
50 Fly	32.39					
100 Fly	1:12.39	1:09.69	1:10.09	1:13.89		
200 Fly		2:35.59	2:37.19	2:51.49		
200 IM	2:38.69	3:33.89	2:35.49	2:41.09		
400 IM		5:26.49	5:27.59	5:52.89		

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

Coach's Comments: _____

Coach's Signature: _____

OSI will provide fleece jacket, cap, embroidered patch and 3 T-shirts shirts this year. Athletes may purchase a swimmer's backpack and Aquablade suit at the Zone team discounted price.

T Shirt Size: (Circle One) S M L XL	Optional Items: Aquablade Suit) Size _____ (female \$45)= \$ _____
	Backpack-(\$38)=\$ _____
Short Size: (Circle One) XS S M L	Additional Caps for trading: amount (5 max) _____ X (\$3.50each) = \$ _____
	Additional T- shirt for trading amount (3 max) _____ X (\$9 each)=\$ _____
	Total Cost of Optional items: \$ _____
	(Please include with fee check)

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2008 WESTERN ZONE CHAMPIONSHIP

CHAPERONE APPLICATION

The 2008 Western Zone Championship will be held August 5-9th at the Mt Hood Community College, in Gresham. **We will be gone from 8-5-08 thru 8-10-08.** Persons interested in serving as chaperones (expenses paid) are encouraged to complete the application, FAX to 503-297-8498 or mail, by July 23, 2008 to: Oregon Swimming, 1750 SW Skyline Blvd. Suite 103, Portland, OR 97221.

Qualifications:

Current First Aid & CPR

Must be Oregon Swimming parent or coach

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 Sizes 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

Do you have any of the certifications listed below? (Please include a copy)

Current CPR Certification

Current First Aid Certification

Other, If Applicable (specify)

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?_____

Previous Zone involvement? Y N

If yes, what year and in what capacity?

Questions, please call 503-297-6027. Thank you!
