



**2018 WESTERN ZONE ALL-STAR TEAM  
32<sup>nd</sup> BLACK HISTORY SWIM MEET  
FEBRUARY 15-19, 2018 WASHINGTON, DC**



Dear 2018 Western Zone All-Star Athlete Applicant,

Congratulations on your interest in becoming a Western Zone All-Star Athlete for the 2018 Black History Swim Meet in Washington, DC. The trip is five days over Presidents' Day Weekend that includes competition, an awards dinner and activities in our nation's capital. If you are selected, you will be one of the "Best in the West," since less than one-half of one percent of Western Zone athletes are selected to this team.

The Black History Swim Meet was founded with the goals of providing urban youth nationwide with a positive outlet for expression, exposure to strong competition, a forum to meet positive role models, and the opportunity to visit the nation's capital. The annual event now attracts nearly 1,000 youth competitors from swim teams in Los Angeles, Atlanta, Detroit, Cleveland, New York and other metropolitan areas in the United States. Courageous and notable African Americans in history or in the field of swimming whose contributions are known throughout the world are recognized during the weekend's events.

To qualify for nomination, you must have been born between February 1, 2001 and January 31, 2004 and have achieved at least three Western Zone All-Star Team time standards. You must be able to arrange air travel that lands at the designated airport in Washington D.C. within the time window determined by the coaching staff. For this trip, you will arrive on Thursday, February 18, and depart Monday, February 18.

Best of luck with your application!

Sincerely,

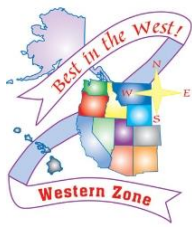
Western Zone D&I Committee

**APPLICATION DEADLINE:**

**Your completed application must be received no later than December 6, 2017.  
Please direct questions about application submission to Virgil Chancy, Team Manager.**

Submissions shall be emailed to: **VIRGIL CHANCY**  
**vlchancy@yahoo.com**

**DO NOT SEND MONEY WITH APPLICATION.  
YOU WILL RECEIVE AN INVOICE IF SELECTED TO THE TEAM.**



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### Selection of Athletes

WESTERN ZONE DIVERSITY ALL-STAR TEAM TIME STANDARDS

	50 FREE	100 FREE	200 FREE	400 FREE	100 BACK	200 BACK	100 BREAST	200 BREAST	100 FLY	200 FLY	200 IM
GIRLS SCY	32.09	1:09.59	2:29.89	6:40.69	1:15.39	2:44.09	1:26.89	3:08.19	1:15.39	2:46.79	2:48.19
GIRLS LCM	36.39	1:19.29	2:50.89	5:58.49	1:28.29	3:09.09	1:39.59	3:36.29	1:25.59	3:08.19	3:13.49
BOYS LCM	32.59	1:12.29	2:37.39	5:33.69	1:20.39	2:53.79	1:29.89	3:16.89	1:17.39	2:52.69	2:56.59
BOYS SCY	28.89	1:02.89	2:17.29	6:12.59	1:08.39	2:29.89	1:17.59	2:48.69	1:08.29	2:31.39	2:32.69

Athletes will be selected to the WZ All-star team based on answers from Parts A and B in submitted applications. Each supporting LSC will have one athlete selected first. After the initial athletes are selected from each LSC, the all-star selection will be completed using the following guidelines listed in order of priority:

1. No more than six athletes per one adult.
2. A minimum of four 14-year-old female athletes.
3. A minimum of four 14-year-old male athletes.
4. A total of either 4, 8, 12 or 16 female athletes.
5. A total of either 4, 8, 12 or 16 male athletes.
6. At least 20% of the team has been USA-S members at least 4 years.
7. At least 20% of the team are likely to score in the top-10 based on past results.
8. At least 20% of the team has been outreach members at least 2 of the past 4 years.

There will be two male and two female alternates named in case a selected athlete cannot attend.

### Financial Responsibility for Trip (Per Athlete)

Each athlete must pay the **All-star team fee of \$300**, which covers transportation, hotel, breakfast, team T-shirts and meet entry fees. Each athlete is also responsible for their own **transportation** ending at Washington Dulles International Airport during the prescribed 4-hour window. If they cannot arrange a flight to land within the window, they must contact the Team Manager prior to purchasing tickets. *While the \$300 fee and flight are the athlete's responsibility, the athlete's home team and/or LSC may make a contribution to help offset the cost. Please ask your coach what additional funding may be provided to you by your home team and/or LSC.*

	Athlete	Home Team	LSC	Western Zone
<b>Airfare to/from DCA</b>	Responsible for	May Contribute	May Contribute	
<b>\$300 Athlete Fee</b>	Responsible for	May Contribute	May Contribute	
<b>\$175 LSC Fee</b>			Responsible for	
<b>Uniform and Bag</b>				Responsible for
<b>\$80-120 Meal Money</b>	Responsible for	May Contribute		



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**Part A – How I represent Diversity within USA Swimming**

- I represent an ethnicity underrepresented in USA Swimming.  
*Common examples are Alaskan Native, America Indian, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Pacific Islander, and many other ethnicities.*
- My gender expression or sexual orientation is underrepresented in USA Swimming.  
*This includes—but is not limited to—gay, lesbian, bisexual, transgender and genderqueer athletes.*
- I represent an under-represented economic population in USA Swimming.  
*You may be a current outreach member, have been an outreach member two of the past three years, resided in a zip code identified as “under-Represented” by the Western Zone Diversity and Inclusion Committee, or part of another under-represented local as approved by your LSC.*
- I am diverse in another way.

In as few or as many words as you prefer, please describe how you identify yourself as part of an underrepresented population within USA Swimming, specifically as you relate to the box(es) you checked above.

**Part B – Top Swimming Performances**

Please list your top five swims since January 1, 2017. List only one course per event.

<u>Event</u>	<u>Time</u>	<u>Course</u>	<u>Event</u>	<u>Time</u>	<u>Course</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



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**Part C: Athlete Information**

**Athlete's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Athlete's Phone:** (      ) \_\_\_\_\_  **Male**  **Female**

**Athlete's Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **USA Swimming Number:** \_\_\_\_\_

**Swim Club Name:** \_\_\_\_\_ **Code:** \_\_\_\_\_ **LSC:** \_\_\_\_\_

**Parent #1 Name:** \_\_\_\_\_

**Parent #2 Name:** \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

**Parent Phone Number:** \_\_\_\_\_

**T-shirt size:**  **Small**  **Medium**  **Large**  **X-Large (Adult sizes)**

**MUST READ AND INITIAL ALL STATEMENTS OR APPLICATION WILL NOT BE CONSIDERED**

- \_\_\_\_\_ I will be physically ready for competition when I arrive at the meet.
- \_\_\_\_\_ I understand I must represent reflect diversity (Part A) to be selected for this team.
- \_\_\_\_\_ I understand that I must meet the qualifying time standards to apply for this team.
- \_\_\_\_\_ I understand that any additional paperwork that I receive **MUST** be returned to the Team Staff on or before their published deadlines.
- \_\_\_\_\_ I have listed my best performance times in Part B.
- \_\_\_\_\_ I will follow all the USA Swimming rules, All-Star team rules, and my home LSC and team rules including code of conduct and safe sport.
- \_\_\_\_\_ I am submitting this application by the published deadline.
- \_\_\_\_\_ I will be an athlete mentor at future local camps as requested by my LSC D&I Committee.

**My signature below attests to the above athlete's eligibility:**

**Athlete Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Coach of record Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_



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## Part D: Medical Authorization

**Athlete Name:** \_\_\_\_\_ **LSC:** \_\_\_\_\_

I do hereby voluntarily consent to clinic care including routine diagnostic procedures, medical and/or surgical treatment by the physician assigned by USA Swimming or the physician and facility chosen by him/her for (athlete name)

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 to the result of the treatments or examinations by these persons or facilities.

_____	_____	_____
Swimmer's Signature	Printed Name	Date

_____	_____	_____
Parent or Legal Guardian Signature	Printed Name	Date

Please include telephone numbers where a parent, relative or guardian may be reached in case of an emergency.

Contact #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact #1 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact #2 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_



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**Part D: Medical Authorization (continued)**

Allergies: Is there a history of skin or other untoward reaction or sickness following injection or oral administration of:

- |     |  |     |    |
|-----|--|-----|----|
| (a) | Penicillin or other antibiotics        | Yes | No |
| (b) | Morphine, Codeine, Demerol (narcotics) | Yes | No |
| (c) | Novocain or other anesthetics          | Yes | No |
| (d) | Aspirin, Emperin, other pain remedies  | Yes | No |
| (e) | Sulfa drugs                            | Yes | No |
| (f) | Tetanus, antitoxin or other serums     | Yes | No |
| (g) | Adhesive Tape                          | Yes | No |
| (h) | Iodine or Methiolate                   | Yes | No |
| (i) | Any other drug or medication           | Yes | No |
| (j) | Any foods (eggs, milk, chocolate, etc) | Yes | No |
| (k) | Insect bites, bee stings, other        | Yes | No |
| (l) | Other                                  | Yes | No |

Drugs taken recently: within the last six months has the athlete taken –

- |     |   |     |    |
|-----|---|-----|----|
| (a) | Cortisone                                   | Yes | No |
| (b) | ACTH  | Yes | No |
| (c) | Anticoagulants                              | Yes | No |
| (d) | Tranquilizers                               | Yes | No |
| (e) | Hypotensives (high blood pressure medicine) | Yes | No |

Has the athlete **ever** received treatment for:

- |                 |     |    |
|-----------------|-----|----|
| Asthma          | Yes | No |
| Rheumatism      | Yes | No |
| Rheumatic Fever | Yes | No |

Please list any other physical conditions of which we should be aware:



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**Part E: Athlete Code of Conduct**

The purpose of a code of conduct for athletes is to establish a consistent expectation for athletes' behavior. By signing this code of conduct, I agree to the following statements, and additional standards of conduct established by staff during the initial team meeting:

- I will respect and show courtesy to my teammates, coaches and competitors at all times. No teasing or bullying is tolerated.
- I will demonstrate good sportsmanship at all events and activities.
- I will set a good example of behavior and work ethic.
- I understand the possession or use of alcohol, tobacco or any non-prescribed drugs is prohibited.
- I will be respectful of my teammates' feelings and personal space. Swimmers who exhibit sexist, racist, homophobic, or otherwise inappropriate behavior will be faced with consequences.
- I will attend all team meetings and sessions, unless I am excused by a coach.
- I will follow the directions of the team staff at all times.
- I will show respect for all facilities and other property (including locker rooms) used during practices, competitions, team activities and personal time.
- I will refrain from foul language, violence, behavior deemed dishonest, offensive, or illegal.
- I will obey all of USA Swimming's rules and codes of conduct.

I understand failure to comply with the Code of Conduct may result in, but not necessarily be limited to, either or both of the following actions:

1. I will not be allowed to participate in some or all team activities.
2. I will be sent home from the trip at my parents' cost.

Upon notification of any violation of the Code of Conduct, a Review Committee of five persons, including at least one team coach and one team athlete, shall promptly investigate the circumstances of the violation, notify the individual(s) charged of a time for the hearing, and shall conduct an informal hearing on the evidence. The Review Committee shall then promptly determine what disciplinary action, if any, shall be taken.

\_\_\_\_\_  
Swimmer's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date