



2020 SCS AGE GROUP PROGRAM

*Celebrate * Communicate * Educate*

All-Star Team Staff Application—due October 16th, 2019
Email application to Kim O’Shea: execdirscs@gmail.com

I wish to be considered for the 2020 SCS All Star Teams (check all that apply):

- | | | | | | |
|---|--------------|-------|-------|-------|---------|
| <input type="checkbox"/> SCS All-Star Festival | January 26th | _____ | Coach | _____ | Manager |
| <input type="checkbox"/> Western Zone Championships | August 5-8th | _____ | Coach | _____ | Manager |
| <input type="checkbox"/> North American Challenge Cup | TBD | _____ | Coach | _____ | Manager |

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: () _____ Email Address: _____

USA Swimming Member ID: _____ Male _____ Female

Club Name: _____ Club Abbreviation: _____

Ages of swimmers I currently coach: _____

Other Team Trip/Camp Experience: _____

MUST READ AND INITIAL ALL ITEMS, OR APPLICATION WILL NOT BE CONSIDERED

- _____ I understand that my SCS/USA Swimming membership credentials must be current.
- _____ I understand the additional SCS Team details will be provided to me upon my acceptance.
- _____ I will participate in all scheduled SCS Team activities.
- _____ I understand that any additional paperwork that I receive MUST be returned to the SCS office on or before the published deadlines.
- _____ I will follow all USA Swimming rules including the Code of Conduct, MAAPP and Safe Sport rules.
- _____ If requested, I will provide a report to SCS on the SCS Team activities.

Applicant’s Signature

Date