



**NEW JERSEY  
SWIMMING**

**NJ Swimming Long Course Zone Application  
Entry Deadline – 6pm July 27, 2008**

**August 6-9 \*\* Rockville, MD \*\* Open Water August 10**

All eligible swimmers must achieve the Long Course Zone Qualifying Time for each event the swimmer enters. A swimmer may submit an application without having achieved the Qualifying Time with the understanding that the application will only be accepted if there are one or fewer qualified entrants to represent New Jersey. Applicants will be selected to fill vacant slots in order of verifiable entry time, fastest applicant first.

To be eligible, you must be a NJ Swimming / USA registered swimmer, and have participated in a **minimum of two NJ sanctioned swim meets in the current Long Course season (May 1 to Long Course Junior Olympics)**. In addition, any 13 & Older swimmer who has achieved a USA Swimming Junior National, USA Swimming Spring championships (using the 18/U qualifying times), US Open, USA Swimming Nationals, or a Trial Class Meet qualifying time in an individual event is not eligible to compete at zones. Any swimmer 12 & younger who has achieved a qualifying time for one of the above listed meets but has not completed at any of those meets, may still participate at zones. Note- Sectional swimmers can apply and compete.

**12 & Under events** will be held at Rockville Municipal Swim Center, 355 Martins Lane, Rockville, MD 20850  
**13 & Over prelims and finals (11-12 finals also)** will be held at Montgomery Aquatic Center, 5900 Executive Blvd, Rockville, MD 208552

**HOTEL:** Please contact Connie Haywood, EPN Sports Travel 888-323-0974 X 3787  
[chaywood@edprog.com](mailto:chaywood@edprog.com) to receive the NJ Swim rate.

**COST:** \$125.00 application fee (which must accompany your application), and any additional costs. All fees are due and payable to **NEW JERSEY SWIMMING, INC** upon acceptance to the Zone Team. If you wish to sign up for the Open Water Event for August 10<sup>th</sup>, you must submit the open water entry form and fee directly to

**EQUIPMENT:** Application fee will provide each swimmer with a cap and t-shirt and entry fees. Bathing suits, shorts, Zone Team Jacket and team bag at additional cost, see equipment order form for pricing.

***An adult must accompany a swimmer during the entire meet. Additional rules will be explained upon qualifying for the team.***

**PRACTICE TIMES:** TBA

Please mail your application and \$125.00 payable to  
**On or before 6pm July 27**  
**New Jersey Swimming, Inc, 1933 Rt 35 Ste 105 PMB 349 Wall, NJ 07719**



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Swimmers Full Name: Birth date:

Street Address: Male Female

City: St: Zip: Age (as of 08/06/08)

All necessary phone numbers: home work Cell

E-Mail:

Parent/Guardian accompanying swimmer:

Emergency Contact: Phone:

Health Insurance Company (name, policy & phone numbers):

USA TEAM USA Coach

List the two sanctioned New Jersey Meets you have been a participant in within the current Long Course season

- 1. 2.

List each individual event for which you have achieved the qualifying time. Maximum of 3 events per day, 6 total individual events.

Table with 3 columns: Event description, Time & Meet Consideration. Rows 1-6.

Table for Relay Consideration with columns: Fly, Back, Breast, Free. Rows: 50 meters, 100 meters.

Include with your application [ ] Fee \$125.00 payable to NJ Swimming Inc. [ ] Medical Release Form [ ] Code Of conduct Form [ ] Payment/Equipment Order Form



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Name \_\_\_\_\_ Age Group \_\_\_\_\_

**MEDICAL RELEASE FORM**

Swimmers Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company (name, policy & phone numbers): \_\_\_\_\_

The chaperones, coaches and manger of *New Jersey Swimming* may act in my behalf in the event of an accident to my child. I expect that I will be contacted, but if I cannot be reached, these individuals may take such actions as is deemed necessary in line with medical advise.

\_\_\_\_\_ I am indicating here below of any special medical problems, including any required medication(s) of my child, which should be made known to the doctor or nurse.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I am indicating here below of any special food allergies, requirements for my child, which should be known:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My child has no medical problems that you need to be aware of

\_\_\_\_\_ My child has no food allergies/requirements that you need to be aware of

It is important that all medical information be given to avoid problems of this type during the Trip. THIS FORM IS NOT VALID UNLESS IT IS SIGNED BY A PARENT OR GUARDIAN OF THE SWIMMER LISTED ABOVE. This form must be signed and properly filled out before the swimmer departs on the trip.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of Parent/Guardian)

\_\_\_\_\_  
(home phone)

\_\_\_\_\_  
(work/cell phone)

If the swimmer's parents will be at the meet, please provide the phone number and name of the hotel where you can be reached: \_\_\_\_\_



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Name \_\_\_\_\_ Age Group \_\_\_\_\_

***New Jersey Swimming Zone Team Code of Conduct***

As a member of the Long Course New Jersey Zone Team I agree to the following:

1. I will attend all team meeting and functions to the best of my ability
2. I will observe the reasonable curfew set for me
3. I will wear the appropriate team uniforms
4. I will conform to all team rules and procedures as announced by team staff.
5. I will compete in **ALL** events to my best ability.
6. I will be a good representative of ***New Jersey Swimming***

As a member of the Long Course New Jersey Swimming Zone Team, I am aware that the following are **PROHIBITED**:

1. Use of alcoholic beverages.
2. Possession or use of illegal drugs.
3. Use or possession of tobacco products.
4. Inappropriate or destructive behavior.

Persons present while any of the prohibitive activities occur must leave immediately or be considered a participant. You must immediately contact your chaperone or any New Jersey Swimming Staff and notify them of the prohibitive behavior.

Conduct: New Jersey Swimming athletes are guests of the Rockville area. Proper conduct is expected at all times. This includes the pool, the hotel, restaurants, and all places that New Jersey Swimmers might frequent. Misconduct includes, but is not limited to violations of safety guidelines, disrespect to meet management and officials, Jersey swimming staff, and fellow athletes. Theft, vandalism, possession of stolen property or possession of controlled substances is prohibited. **ANY SWIMMER VIOLATING TEAM RULES OR CONDUCT RULES WILL BE SCRATCHED AND BARRED FROM THE REST OF COMPETITION, or POSSIBLY FUTURE COMPETITION. SWIMMERS VIOLATING THE CODE OF CONDUCT MAY BE RECOMMENDED FOR Disciplinary ACTION OR ANY COMBINATION OF THE ABOVE.**

I have read the CODE OF CONDUCT and rules above, and accept the conditions as outlined:

\_\_\_\_\_  
**(Athlete's signature)**

\_\_\_\_\_  
**(Parent/Guardian Signature)**



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Entry Deadline – 8pm July 30<sup>th</sup>, 2006**

**Payment / Equipment Order Form**

Swimmers Name \_\_\_\_\_ Date \_\_\_\_\_

Male  Female Age Group \_\_\_\_\_

(extended amount)

Zone Team Application Fee includes the caps and t-shirts \$125.00

T-Shirt (circle size) Small Medium Large X-Large **\$125.00**  
ADULT SIZING

**Optional Equipment to Purchase**

Bathing Suits suit sizing is 24,26,28,30, etc):  
Female Aquablade size \_\_\_\_\_ **\$41.00**  
Male Jammer size \_\_\_\_\_ **\$35.00**  
Male Brief size \_\_\_\_\_ **\$26.00**

Zone Jacket  
(circle size) Youth XLarge  
Adult Sm Med Lrg XLrg  
qty \_\_\_\_\_ **\$47.00**

Fast Skin Suits  
Female RcdBreaker size \_\_\_\_\_ **\$80.00**  
Male Jammer size \_\_\_\_\_ **\$70.00**  
Male Legskin size \_\_\_\_\_ **\$95.00**

BAGS:  
Med Duffle qty \_\_\_\_\_ **\$35.00**  
Backpack qty \_\_\_\_\_ **\$45.00**

Drag Suit (short) mesh green NJ Swim on rear  
(circle size) 26 28 30 32 34  
qty \_\_\_\_\_ **\$22.00**

Parents Polo Shirt  
Adult sizes S M L XL XXL  
qty \_\_\_\_\_ **\$18.00**

Shorts (if available)  
(circle size) XSm Sm med Lrg Xlrg  
Female Cheer short qty \_\_\_\_\_ **\$12.00**  
Male Basketball Short qty \_\_\_\_\_ **\$13.00**

**TOTAL AMOUNT INCLUDED \$ \_\_\_\_\_**

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*Office Use Only*

Swims Verified \_\_\_\_\_ Swimmer Contacted YES NO Date: \_\_\_\_\_

Amount attached: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_