**2015 MONTANA ZONE AGE GROUP TEAM APPLICATION**

**(Please submit copy signed by coach before or at LC State to AG Zones Head Coach Jake Byrne, Assistant Coach Kyle Potter, or Zones Coordinator Lisa Keyes)**

Requirements for participation and funding:

1. You must have achieved at least one 2014 Western Zone Age Group Swimming Championships Time Standard between August 6, 2014 and the entry deadline for the meet.
2. You must have a coach’s signature stating you have met the long course practice attendance guidelines. The guideline is 85% attendance of the required practices for his/her team during the long course season. Your coach has the authority to wave the 85% requirement and sign the form if he/she believes you will still be able to compete at this level. If your practice attendance is less than 85% your eligibility is up to your coach.
3. You must have participated in **3** sanctioned/approved meets in Montana during the last year including the 2014 MT Long Course State Championships or a higher level USA Swimming Championship meet scheduled at the same time as the Long Course State Championships.
4. Eligibility: A swimmer entered in the meet

a. Within 18 months prior to the start of the meet has participated in one (1) individual event at a USA Swimming Championships as defined in Article 207 of the USA Swimming Rules and Regulations, may **not** compete in that event or the related relay leg.

b. Within the 18 months prior to the start of the meet has participated in two (2) or more individual events at a USA Swimming Championships as defined in Article 207 of the USA Swimming Rules and Regulations, may **not** compete in the meet.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ USAS ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Athlete E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach’s Checklist:

 1. Competed at 3 or more Montana meets in past year: Y / N

 2. MT Long Course State Championships (or higher level meet at same time) participation: Y / N

3. Practice attendance for long course season 85% or coach’s waiver: Y / N

4. Swimmer has participated in two (2) or more individual events at a USA Swimming Championship Meet within 18 months prior to the start of the meet. Y / N

5. Swimmer has participated in one (1) individual event at a USA Swimming Championship 18 months prior to the start of meet within 18 months prior to the start of the meet. Y / N

Coach’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please enter your requested events and entry times in the table below. Remember to adjust for altitude. The seeding will go as follows: LCM with qualifying times, SCY and SCM with qualifying times which will be seeded with the LCM minimum, LCM without qualifying times, SCM without qualifying times, SCY without qualifying times. **DO NOT CONVERT TIMES!** Please enter 6 events ranked from 1 to 6. If you are entering the 400 Free, 400 IM, 800 Free, or 1500 Free please enter an alternative event – we have a limited number of entries for these events.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EVENT** | **TIME** | **LCM/SCM/SCY?** | **TIME STANDARD (Y/N)** | **RANK** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |