**Montana Zone Team**

**Western Zone Championship**

**2015 Athlete Registration Form**

Athlete Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete’s Home Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete’s Age at Zones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Adult/Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Add’l Athlete Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously attended Zones? \_\_\_\_\_\_\_\_\_\_ What Year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MONTANA SWIMMING**

# 2015 Western Zones

Medical Authorization

Athlete Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event: Western Zone Meet and Travel (Please circle the appropriate meet below)

Western Zone Senior Championships

Western Zone Age Group Championships

I consent to medical care including routine diagnostic procedures, medical and/or surgical treatment by a physician chosen by him or her for:

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

Athlete’s Signature Date

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

Parent or Legal Guardian Signature Date

List any medical conditions:

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

Any allergies including food and/or over the counter medications:

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

Any medications that must be administered:

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

Any special food requirements:

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

Please include telephone numbers where a relative or guardian may be reached in case of emergency:

(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day or night

(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day or night

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

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

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Montana Swimming Code of Conduct**

I, (athlete/staff member) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and (parent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a member of Montana Swimming understand and will comply with the following as approved by the Montana Swimming Board of Directors:

1. To follow all directions given by coaches, chaperones meet or pool officials.

2. The manner by which one behaves will present a positive image of Montana Swimming and will provide an atmosphere to meet the competitive performance, educational or training objectives for all. I recognize that my conduct is my responsibility, and failure to abide by appropriate conduct could lead to disciplinary action.

3. Proper respect, sportsmanship, and courtesy toward coaches, officials, administrators, competitors, trainers, educators, chaperones, and the public will be displayed at all times as representatives of Team Montana.

4. The possession or use of alcohol, tobacco products, or controlled substances by athletes is prohibited throughout the designated duration of the trip.

5. Swimmers of the opposite gender are not to be in each other’s rooms; conversation, etc. will take place in a common area as identified by the adult staff traveling with the team.

6. Curfews will be established and adhered to during the trip; breaking of curfew could result in disciplinary action as listed below.

7. Attendance is required at all team functions which include, but are not limited to: meetings, practices,

exhibitions, press conferences, and competitions, unless otherwise excused or instructed by the head coach, the vice chairman, or designated person in charge.

8. Uniform requirements established for the trip will be followed at all times, as part of traveling with a team.

9. Swimmers traveling with the team will not leave the team group for any reason without having prior permission by the coaching / chaperone staff. This includes but is not limited to while at the hotel, pool venue, bus travel, or other team identified activities.

10. Additional guidelines may be established as needed to maintain the safety and well-being of the team members and will be adhered to during the trip, including but not limited to swimmers traveling separately with parents, checking in and out with coaches or chaperones, under-aged swimmers traveling to and from venue on the bus, etc.

We, (swimmer and parent) understand that failure to comply with the Montana Swimming Code of Conduct, as set forth in this document or additions, as necessary, for the safety and well-being of the team members, may result in disciplinary action, which may include but is not limited to the following:

1. Swimmer removal from one of more events of the competition.

2. Dismissal from the team and return home at my own expense.

3. Disqualification from future Team Montana Swimming sponsored activities, ie: clinics, AAA camps or other MT sponsored meets,

I may appeal any disciplinary action in accordance with part four of the U.S. Swimming Rules and Regulations and Article 610 of the Montana Swimming Bylaws.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Athlete/Staff Member) (Parent or Legal Guardian if under 18)

Function/location: Dates of function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_