

**2016 OZARK  
SWIMMING ZONE  
TEAM**

ATHLETE INFORMATION PACKET

# Central Zone Championships August 4<sup>th</sup> – August 7<sup>th</sup>, 2016 Indianapolis, Indiana

## ATHLETE INFORMATION PACKET

**GENERAL:** The 2016 Central Zone Championships will be held in Indianapolis, Indiana – August 3<sup>rd</sup> – August 7<sup>th</sup>, 2016 (Pool events August 4<sup>th</sup> – August 7<sup>th</sup>). Please read over the attached information and return all of the registration forms back by Monday, June 20<sup>th</sup>, 2016. **You must complete the swimmer registration form, the code of conduct form, the uniform order form and medical authorization form. Early registration is preferred and can be as early as May.**

*This season we will no longer be traveling as a team and all swimmers will be on family travels. This means that each family is responsible to get their swimmers to the meet at the appropriate times.*

**REGISTRATION:** Swimmers need to return the completed application form and all other forms to the Head Zones Coach **by Friday, June 21<sup>st</sup>, 2016**. These athletes will be guaranteed uniforms. Any swimmer qualifying and/or registering after **Friday, June 21<sup>st</sup>, 2016** will need to email Mark Imig at [ozarkzones@cspswim.com](mailto:ozarkzones@cspswim.com) to begin the registration process. Swimmers qualifying after **Friday, June 21<sup>st</sup>, 2016** need to either mail or hand deliver the forms to the Head Zones Coach as soon as possible. The absolute last day to register is Sunday July 31<sup>st</sup>, 2016 by 8:00 PM. Swimmers who qualify and/or register after June, 21<sup>st</sup>, 2016 may have difficulty getting a uniform. In the past we have always been able to secure uniforms for all of our swimmers, but there are no guarantees. If we are not able to get the uniform for the meet, we will do our best to have athletes share in order to look like a team.

**REGISTRATION DEADLINE:** **Friday, June 21<sup>st</sup>, 2016** by 5:00 P.M.

**LATE REGISTRATION PERIOD:** Saturday, June 22<sup>nd</sup>, 2016 until Sunday, July 31<sup>st</sup>, 2016. Athletes qualifying after Friday, June 21<sup>st</sup>, 2016 must contact Mark Imig to get registered for the team. Athletes qualifying during Long Course Champs or Sectionals must print out a registration packet and either hand deliver or mail it to Mark Imig, and the packet must be received by Sunday July 31<sup>st</sup>, 2016. **Please note that late registrants are not guaranteed to receive all uniform items due to them being ordered by the middle of July.**

**FINAL REGISTRATION DEADLINE:** Sunday, July 31<sup>st</sup>, 2016 at 8:00 PM

**ENTRIES:** ***YOUR COACH WILL BE DOING THE ACTUAL ENTRY FOR SWIMMERS FROM HIS OR HER TEAM. YOU MUST NOTIFY YOUR OWN COACH TO ENTER YOU IN THE MEET. SEE THE QUALIFYING REQUIREMENTS IN THE PACKET FOR MORE INFORMATION. MAKE CERTAIN THAT YOUR COACH HAS ENTERED YOU IN THE MEET BEFORE YOU SHOW UP FOR DEPARTURE TO THE MEET.***

**TRAVEL:** The Ozark Zone Meet will now be family Travel for all athletes. We will no longer be traveling as a team. Each swimmer and family will be responsible to get their swimmer to the meet.

**UNIFORMS:** This year's team uniform will include a bag, a jacket, 3 t-shirts, 1 pair of shorts, and two caps. You may purchase extra caps if you wish. You will be required to wear Ozark Team apparel at the meet. **Please do not bring any of your home team apparel.**

**COST:** **Cost per swimmer is \$75.00.** Make checks payable to "Ozark Swimming." **Checks will not be cashed until late July; however, pulling out of the meet after the registration deadline will forfeit your money and you will not receive the team apparel if you do not attend the meet.**

**NOTES:** There will be a mandatory team warm-up and team picture taken for all swimmers on Wednesday, August 3<sup>rd</sup>, 2016 in Indianapolis, Indiana. Approximate times for pictures and warm up are listed in the itinerary. All team members are expected to stay throughout the entire meet unless other arrangements have been made with the Head Coach. If you will not be able to stay for the entire weekend, I will need to know as your swimmer will be in consideration for Relays, as well as any bonus events that may be open. We will let swimmers know who are on relays prior to attending the meet, but coaches do reserve the right to change relays during the meet.

**UPDATED INFO:** Information will be updated via email once registration is received.

The following items are due back to Mark Imig no later than:  
Monday, June 20<sup>th</sup>, 2016

## **SWIMMERS & PARENTS:**

- **PART #01 SWIMMER REGISTRATION FORM**
- **PART #02 UNIFORM ORDER FORM**
- **PART #03 CODE OF CONDUCT FORM**
- **PART #04 ATHLETE MEDICAL AUTHORIZATION FORM**
- **PAYMENT \$75 PER SWIMMER;  
CHECKS MADE PAYABLE TO“OZARK SWIMMING”**
- **ENTRIES-DON'T FORGET TO CHECK WITH YOUR HOME  
COACH AND MAKE SURE YOU ARE ENTERED IN THIS MEET!**

### **SEND ALL FORMS TO:**

**Mark Imig, Head Zones Coach  
667 Summer Top Circle  
St. Louis, MO 63026**

**\*\*\*WHEN MAILING REGISTRATION, PLEASE FOLLOW UP BY EMAIL ABOUT A WEEK AFTER IT IS SENT TO MAKE SURE IT WAS RECEIVED. SOMETIMES MAIL IS NOT DELIVERED AND THERE IS NO WAY FOR THE HEAD COACH TO KNOW THAT UNLESS THERE IS FOLLOW UP\*\*\***

# **ATHLETE REGISTRATION FORMS – PART #01**

## **OZARK SWIMMING 2016 ZONE TEAM**

### *ATHLETE REGISTRATION FORM*

**YOU MUST SUBMIT ONE FORM PER SWIMMER**

**PLEASE PRINT LEGIBLY**

FULL NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME TEAM: \_\_\_\_\_ MALE / FEMALE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

\_\_\_\_\_  
STATE/ZIP: \_\_\_\_\_

PARENT NAME(S): \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ BEST E-MAIL: \_\_\_\_\_

FATHER'S CELL # :(\_\_\_\_) \_\_\_\_\_ MOTHER'S CELL #: (\_\_\_\_) \_\_\_\_\_

SPECIAL INFORMATION: \_\_\_\_\_

**COST PER SWIMMER IS \$75.00--MAKE CHECK PAYABLE TO "OZARK SWIMMING"  
Only 1 check is needed. Extra caps may be added to registration check.**

# ATHLETE REGISTRATION FORMS – PART #02

## OZARK SWIMMING 2016 ZONE TEAM

### ATHLETE UNIFORM ORDER FORM

YOU MUST SUBMIT ONE FORM PER SWIMMER

This year, each member of the 2016 Ozark team will be receiving an Ozark team bag, 3 T-shirts, a jacket, shorts, and two caps. We are also giving swimmers an opportunity to order extra swim caps for trading with other teams. These caps will cost an additional \$10.00 per cap. Please note how many additional caps your swimmer would like. Check to cover purchased caps must be received with your order form (all charges can be on the same check). All order forms must be received by Monday, June 20<sup>th</sup>, 2016. Please make checks payable to "**Ozark Swimming**". Any swimmer who registers and/or qualifies after June 20<sup>th</sup> will need to turn in their order forms as soon as possible. We will do our best to outfit these swimmers in time for the Zone meet but cannot make any promises. If you have any questions, please email Mark Imig @ [ozarkzones@cspswim.com](mailto:ozarkzones@cspswim.com).

Swimmer's Name: \_\_\_\_\_ Home Team: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Each of the following items will be provided by Ozark:

UNIFORM ITEM	CIRCLE THE SIZE/CHOICE NEEDED
Team T-Shirts	Youth Size: Lg Adult Size: YL    Sm    Med    Lg    XL
Team Jacket	Youth Size: Lg Adult Size: Sm    Sm    Med    Lg    XL
Team Shorts	Male / Female Youth Size: Lg (male only) Adult Size: Sm    Med    Lg    XL
Additional Caps	_____ X \$10.00 per cap*

\*Enclose check made payable to "Ozark Swimming"

\*Additional Cap money may be added to the same check

# **ATHLETE REGISTRATION FORMS – PART #03**

## **2016 CODE OF CONDUCT**

YOU MUST SUBMIT ONE FORM PER SWIMMER

### **PURPOSE**

The purpose of this code is to promote the best possible team and individual impression at all times, and to acknowledge each individual's responsibilities as members of our team. Parents are expected to act in a similar way that does not incur a negative view of Ozark Swimming.

### **GENERAL CONDUCT (Part 1)**

- 1) All participating team members shall abide by this code of conduct.
- 2) The use of alcoholic beverages is forbidden.
- 3) The use of drugs other than those prescribed by your physician is forbidden.
- 4) The use of tobacco and nicotine products is forbidden.
- 5) The use of foul language and/or crude remarks is forbidden.
- 6) Indiscreet or destructive behavior will not be tolerated. Every effort should be made to avoid guilt by association with such activities.
- 7) Swimmers will treat their membership on the team as a privilege and personally acknowledge those responsibilities associated with it.

### **VIOLATION OF THE CODE (Part 2)**

The coach and chaperone have the power to impose penalties for violation of the code. The penalties include, but are not limited to, the following:

- 1) The swimmer will be scratched from the meet.
- 2) The swimmer will be sent home immediately at his/her own expense.
- 3) The swimmer will forfeit his privilege of being a member of the team in subsequent years.

I hereby agree to abide by the rules of conduct set forth in Part 1 above and acknowledge that should I violate any provision of Part 1, I will be subject to disciplinary actions as set forth in Part 2, including suspension from future trips.

Signature of Swimmer\_\_\_\_\_

Date\_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_

Date\_\_\_\_\_

# ATHLETE MEDICAL AUTHORIZATION FORM PART #4

Swimmer's Name: \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_

Phone #s--Father: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Mother: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Medication Currently Being Taken, Dosage, and Reason: \_\_\_\_\_

Known Allergies (Food or Medication): \_\_\_\_\_

Previous Hospitalizations, Surgeries or Serious Illness: \_\_\_\_\_

Does swimmer wear contacts/glasses? \_\_\_\_\_

Has any physician ever recommended that there should be any limits placed on participation in competitive sports?  
If yes, please explain:

Please list any other useful information or health concerns: \_\_\_\_\_

Insurance Carrier/Group: \_\_\_\_\_

The above named child has our permission and consent to travel with Ozark Swimming Coaches. In the event of illness or injury to said child while traveling to or from or while participating in any such meet, and after an attempt has been made to reach the parents or guardian of the child informing them of such illness or injury, the Ozark Swimming Coach(es) is/are authorized to contract for and to authorize the treatment by a medical doctor for said child. In consideration for said child being permitted to travel with said party, we do hereby release and agree to hold harmless Ozark Swimming, the Coaches, Board of Directors and volunteers from any and all claims and liability, costs and expenses arising out of or resulting from the procurement of medical treatment for said child as aforementioned.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2016

Signature of Father or Guardian \_\_\_\_\_

Signature of Mother or Guardian \_\_\_\_\_



# **2016 OZARK ZONE TEAM SELECTION PROCESS**

**THE PROCESS BY WHICH A SWIMMER WILL BE SELECTED TO THE 2016 OZARK ZONE TEAM**

**THIS MEET IS August 4<sup>th</sup> through AUGUST 7<sup>th</sup>, 2016**

**QUALIFYING PERIOD: THE QUALIFYING PERIOD FOR THIS MEET IS JULY 31<sup>ST</sup>, 2015 THROUGH JULY 31<sup>ST</sup>, 2016.**

- 1) THE SWIMMER ACHIEVES A NATIONAL “AAA” LONG COURSE TIME DURING THE QUALIFYING PERIOD.
- 2) THE SWIMMER ACHIEVES A NATIONAL “AAA” SHORT COURSE TIME DURING THE QUALIFYING PERIOD.
- 3) DUE TO A SHORTAGE OF “AAA” SWIMMERS FROM OZARK IN AN EVENT, THE LSC ACCEPTS THE NEXT FASTEST NON-“AAA” QUALIFIER IN THAT EVENT. THE LIMITATIONS FOR THIS ARE: IN THE FOLLOWING AGE GROUPS: 10 & UNDER, 11-12, AND 13-14. THE LSC MAY ENTER UP TO **2 SWIMMERS** (PROVIDED THE LSC HAS **LESS THAN 2** “AAA” QUALIFIERS IN THAT EVENT.)

IF YOU HAVE ANY QUESTIONS ABOUT THIS PROCESS,  
PLEASE CONTACT Mark Imig by e-mail: [ozarkzones@cspswim.com](mailto:ozarkzones@cspswim.com)

**BASIC TRAVEL ITINERARY**  
*(Subject to Change)*

**OZARK SWIMMING ZONE TEAM**

**TUESDAY, AUGUST 2<sup>ND</sup>, 2016**

Team practice TBA

**WEDNESDAY, AUGUST 3<sup>RD</sup>, 2016**

12:00 PM	Arrive in Indianapolis	Team Registration
12:55 PM	Team Picture	
1:30 PM	Team Warm Up	

**THURSDAY, AUGUST 4<sup>TH</sup> – SUNDAY, AUGUST 7<sup>TH</sup>, 2016**

7:00 AM*	Warm Ups for 11 – 12 and 13 – 14 Age Groups
1:30 PM*	Warm Ups for 10 & Under Age Group
4:00 PM*	Warm Ups for Finals – Top 24 for 11 – 12 and 13 – 14 Age Groups

**\*\*\*ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE\*\*\***

# 2016 ZONE TEAM CONTACT INFORMATION

## OZARK SWIMMING

### ❖ HEAD COACH: Mark Imig

- E-mail: [ozarkzones@cspswim.com](mailto:ozarkzones@cspswim.com)
- Address: Mark Imig, Head Zones Coach
- 667 Summer Top Circle
- St. Louis, MO 63026

### ➤ Indiana University Natatorium

901 West New York Street  
Indianapolis, IN 46202

### ➤ Team Hotel → Indianapolis Marriott East & Conference Center

7202 East 21<sup>st</sup> Street  
Indianapolis, IN 46219

Keep in mind we have a limited number of rooms at this hotel and it is up to each family to make their own reservations and payment arrangements. **Ozark will not be providing athlete transportation between the hotel and the pool.**

To reserve a room at this hotel by June 27<sup>th</sup>, you may call 317-262-8191 and use the access code: CMCOZ2016

You may also book your room online using the weblink:

<https://aws.passkey.com/g/55523259>

### ➤ Additional Lodging

<https://www.teamunify.com/EventShow.jsp?id=567585&team=cenzone>