



2017 MISSISSIPPI SWIMMING ZONE TEAM
INFORMATION & SELECTION PROCESS

2017 USA SWIMMING
SOUTHERN ZONE AGE GROUP CHAMPIONSHIPS
Tupelo Aquatic Center
Tupelo, MS
August 1 – 5th, 2017

2017 Mississippi Swimming Zone Team Staff:

Head Coach:

Pedro V Pereira (PEAQ) pvp83@hotmail.com

Assistant Coaches:

Corey Persons (SCSO) cpersons.cp@gmail.com

Team Manager:

Chris Chain (SCSO) scsocoach@yahoo.com

Chaperones:

N/A-Swimmers will report to the pool on time for warm-ups and other activities with their parents as the chaperone for the entire event.

Eligibility:

Southern Zone Age Group Championships is an All-Star selection meet for Mississippi Swimming. Eligible swimmers will be selected by the MS Zone Team coaching staff based upon the previous short course and long course season results. Swimmers selected for this meet represent the finest of Mississippi Swimming and will be competing as a team against the other LSC's in the Southern Zone.

Swimmers ages 11 to 18 years of age must have a USA Swimming "AA" time standard or better in at least one individual event to be eligible for placement on the 2017 MS Zone Team. Once selected to the 2017 MS Zone Team, a swimmer may swim one event per day without the "AA" time standard. Senior age group recognizes 15-16 time standards for all swimmers 15-18.

Swimmers 15-18 years old who have ever achieved the current Summer Junior National Championship Time Standard in any event (long or short course) prior to Monday, July 23rd, 2017, are not eligible.

Team Roster:

Only swimmers having achieved the “AA” time or better with a completed application on file will be considered for a spot on the roster. No more than 48 swimmers will be selected for the MS Zone Team.

No more than eight (8) females & eight (8) males will be selected in each age group for 11-12, 13-14, and 15-18 years.

No “relay only” swimmers will be selected.

Meet Entries:

MS Zone Team coaching staff will make the final decision on all entries.

Swimmers are expected to properly prepare for the meet and perform their best for the team during all races at the meet.

Each swimmer is limited to 6 individual events for the meet and only 3 events per day.

Each LSC is allowed one relay per event.

Each LSC is limited to a maximum of three (3) individual entries per event for the 400 Free, 400 IM and 800/1500 Free.

Disability Information:

MS Zone Team may include up to six (6) swimmers with disabilities (3 boys and 3 girls who are 11 to 18 years of age) as selected in any manner deemed fair and appropriate by the coaching staff with the assistance of the Southern Zone Adapted Swimming Coordinator, if necessary. A swimmer’s disability must satisfy the definition of a disability as outlined in USA Swimming Rules and Regulations. Swimmers with disabilities are in addition to the permitted 48 swimmers and are not required to meet the time standards for their age group/events, however, they must provide a time for each event entered.

Selection Process:

Swimmers with a “AA” qualifying time will be notified they are eligible for placement on the MS Zone Team. First notification may occur as early as short course state meet in February. Final selections will be made during long course state in July and the MS Zone Team head coach will announce the official invitations to selected swimmers.

Eligible swimmers who are interested will be required to make an initial deposit of \$100 before a due date as determined by MS Zone Team coaching staff.

Selected swimmers will be required to make a verbal commitment by a certain date and/or time as determined by MS Zone Team coaching staff.

In the event a swimmer is selected and declines the invitation, the next eligible swimmer will be selected and notified.

In the event more than 8 swimmers have "AA" times in an age group, the following process will be used to rank and select the top 8 eligible swimmers:

Coaching staff will rank swimmers using Hy-Tek Age Group Power Point System to give each swim performance a point value. Coaches will take a swimmer's seven (7) highest point "best" events and total them to determine combined Hy-Tek TOTAL. Each of the seven (7) best events must be a "AA" time standard or faster.

In the event of a tie, the following will be used to select swimmers:

- Fastest swimmer in the primary events (fly, back, breast, free)
- 11-12 events: 50 free, 50 back, 50 breast, 50 fly
- 13-18 events: 50 free, 100 back, 100 breast, 100 fly
- Fastest remaining swimmer in all events treated equally (IM/Distance)
- Second fastest swimmer, etc. in all events treated equally (IM/Distance)
- Number of AAAA times
- Number of AAA times
- Performance evaluation, in the following order:
 1. Current season LSC State Championships and/or Sectional Meet (LCM)
 2. Current long course season competitions
 3. Previous Senior/Age Group Sectional Meets during SCY season
 4. Previous LSC State Championships (SCY)
 5. Previous short course season competitions
 6. MHSAA High School State Championships/MAIS State Meet (SCY)
 7. Last year LSC State Meet Championships (LCM)

Required Forms:

Selected swimmers will be required to complete in full with signatures and payments all necessary documents and forms; including, but not limited to the following:

Checklist

- _____ MS Zone Team Application (**Due in by June 19, 2017**)
- _____ Medical Release Form
- _____ Mississippi Swimming Code Of Conduct
- _____ Southern Zone Code Of Conduct

The MS Zone Team will be announced following Sunday evening finals session at MSI Long Course State Championships and families will also receive e-mail notification of the swimmer selections along with any pertinent team information.

Please mail completed application and deposit/payment by **June 19, 2017** to:
Chris Chain
P.O. box 1306
Columbus, MS 39703

(662)574-7879 cell

NO APPLICATIONS WILL BE ACCEPTED AFTER THE DUE DATE!

Please e-mail MS Zone Team information to Coach Chris Chain with any questions and visit Mississippi Swimming website for updates (www.msswim.org).

MISSISSIPPI SWIMMING, INC
ZONE TEAM APPLICATION

Athlete Name: _____ Age on August 1st, 2017: _____ Gender: _____

USA Swimming Club Team: _____ USA Swimming #: _____

Primary Parent(s) Name: _____

Would parent(s) be interested in being a team chaperone? (Circle One): **YES NO**

Address: _____

City: _____ Zip: _____

Home Phone: () _____

Parent Cell: () _____

Athlete Cell: () _____

Parent Email: _____ Athlete Email: _____

Emergency Contact: _____ Phone: _____

\$100.00 non-refundable deposit payable to **Mississippi Swimming** – This will be the only fee charged for this event this year being that the parents of each child will provide their own child's lodging and transportation to and from the pool and the hotel. Check #: _____

T-Shirt Size – Adult Sizes (Circle One): **S M L XL** Swimsuit Size: _____

List your 8 best long course events and times from this season.

EVENT	TIME
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

In committing to represent Mississippi Swimming on MS Zone Team at the Southern Zone Age Group Championships, each athlete is committing to train hard, to train consistently and to prepare to swim lifetime best performances at the meet.

By submitting this application for Southern Zone All Star event, you are giving permission to post photos from this event to the Mississippi Swimming website and to other media outlets used by Mississippi Swimming, Inc.

Parent Signature: _____

Athlete Signature: _____

Club Head Coach Signature: _____

Please submit applications and deposit payment (\$100.00) to:

Mississippi Swimming, Inc.

Chris Chain
P.O. Box 1306
Columbus, MS 30703

MISSISSIPPI SWIMMING, INC
MEDICAL RELEASE FORM

I, _____, legal parent and/or guardian of _____ (athlete), do hereby relieve MISSISSIPPI SWIMMING, INC., the AGE GROUP VICE-CHAIRMAN and MS ZONE TEAM STAFF from any and all liability in connection with participation in Southern Zone Age Group Championships. In the event he/she is incapacitated due to illness or injury and it is impossible to contact me for any medical treatment, I then hereby grant permission to Zone Team Coaches and Chaperones to use their best judgment in providing medical treatment as needed for the safety and protection of my child.

In the event emergency treatment should be necessary, the insurance carrier for the above named athlete is _____ and the policy number is _____.

SIGNED BY: _____

Address: _____

City: _____ Zip: _____

Home Phone: () _____

Parent Cell: () _____

Athlete Cell: () _____

Parent Email: _____

Best Emergency Contact: _____ Best Phone: _____

MISSISSIPPI SWIMMING, INC
CODE OF CONDUCT

I, as a member of the MISSISSIPPI SWIMMING ZONE TEAM, understand and agree to comply with the following guidelines set forth by MISSISSIPPI SWIMMING at all times; including, but not limited to while traveling, during hotel stay, during practice, during competition, while on the pool deck, and during every activity associated with this event:

1. Will comply with all MS Zone Team uniform requirements.
2. No use of tobacco products or controlled substances allowed.
3. No possession or use of alcoholic beverages allowed.
4. Will fully comply with Southern Zone Age Group Swimming Code of Conduct.
5. Will come prepared to swim lifetime best performances.
6. By submitting this application for _____, you are giving permission to post photos from this event to the Mississippi Swimming web site.

By signing this agreement, I hereby acknowledge these guidelines as set forth by MISSISSIPPI SWIMMING, the AGE GROUP VICE- CHAIRMAN, the MS ZONE TEAM HEAD COACH and ZONE TEAM CAPTAINS. I understand that violation of any of these guidelines will be cause for disciplinary actions as determined by the COACHING STAFF, subject to my right to appeal.

ATHLETE'S SIGNATURE

DATE

PARENT OR GUARDIAN SIGNATURE

DATE