



2009 CENTRAL ZONE CHAMPIONSHIPS

ILLINOIS ZONE TEAM INFORMATION PACKET

It's time once again for the USA-Swimming Central Zone Championships! We hope to generate some real Illinois spirit by assembling our best Illinois Zone Team ever! Please make copies of this packet and distribute to your team members who have qualified, or plan to qualify, for this summer's meet.

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MEET: 2009 CENTRAL ZONE CHAMPIONSHIPS
LOCATION: Pool Events: Forest Park Aquatics Center, 1077 Cicero Road, Noblesville, IN 46062
Open Water: Morse Reservoir-South Harbor Club House,
1156 S Harbour Dr, Noblesville, IN 46062
DATES: Registration & Team Meeting/Team Pictures/Team Practice: Thur, August 6th, 2009 (Team IL meets at 1:00pm Forest Park Aquatics Ctr Shelter 5) Pool Competition: Fri-Sat-Sun August 7-8-9, 2009 Open Water Competition: Thursday Aug 6, 2009 AM
TEAMS: Arkansas, Illinois, Indiana, Iowa, Lake Erie, Ohio, Oklahoma, and Ozark

Illinois swimmers qualifying and entering the Central Zone Championships must use the forms in this packet to register as members of the "Illinois Zone Team". Do not inquire about TEAM ILLINOIS specifics with the meet host as their job is to only host the competition. TEAM ILLINOIS information can be obtained from Illinois Swimming and the Team Manager listed in this packet.

Illinois Zone Team Homepage:

Official Meet Homepage in Indiana:

www.ilswim.org > Age Group > Zones & Mid-States www.noblesvilleswim.com

APPLYING FOR TEAM ILLINOIS:

ALL FORMS (Application, Event Entry list, Medical History Questionnaire, and Code of Conduct) must be received by July 27, 2009 at 12:00pm (noon) to be considered for this meet.

REGISTRATION DEADLINE: Monday July 27th, 2009 by 12:00PM (noon)

LATE REGISTRATION: A Zone table will be setup at the Illinois Age Group State Championships to accept entries from swimmers who newly qualify for Zones **AT THAT MEET**, or add new events and/or update times from swimmers already registered for Zones. **NO NEW MAILED ENTRIES WILL BE TAKEN AFTER MONDAY, JULY 27, 2009 @ 12:00PM (noon) UNLESS THE TIME IS ACQUIRED AT THE AGE GROUP STATE MEET.**

FINAL REGISTRATION DEADLINE: Sunday, August 2nd, 2009 at 8:00 PM

Swimmers must have Zone Qualifying Times (AAA) to Apply.

TEAM ILLINOIS APPAREL FOR 2009

Team Illinois will be providing a discount on the Fastskin II suits listed at www.theswimteamstore.com. Please be aware, in order to receive the discount, the swimmer must qualify AND participate at the Zone Meet as part of Team Illinois. Once the swimmer has been selected, the user name and password to order apparel will be provided to the families via email.

BE SURE TO INCLUDE A REGULARLY CHECKED EMAIL ADDRESS ON THE APPLICATION TO INSURE YOU RECEIVE ALL THE NECESSARY INFORMATION IN A TIMELY MANNER.

QUESTIONS: Questions can be directed to Pam Lowenthal at the Illinois Swimming Office at ilswimoffice@sbcglobal.net or 847-824-1596

SPECIAL NOTE

-6/

FOR SWIMMERS:

Many of you have set this meet as your goal for the year. The Zone Championships is the highest level of age group competition in the United States. Qualifying for this meet is a major achievement that you should be very proud of. By participating in this competition, you will have the chance to be a part of Illinois' finest group of all-star swimmers. You will have the opportunity to compete on the same team and be a part of relays with athletes you have competed alongside all year long. Just ask any past Zone competitor and they will tell you many lasting friendships have been developed at Zones. Additionally, the experience you gain at this level will last a lifetime! You earned the opportunity to be here, and Illinois Swimming will see to it that you have the most exciting experience possible.

SPECIAL NOTE FOR PARENTS:

The Zone Championships has traditionally been the starting point for athletes competing at the national level. Most national qualifiers, collegiate swimmers, and American Olympians gained their first exposure to national-level competition at Zones. In addition to the competition, members of TEAM ILLINOIS will be part of a very special experience as they socialize, mature, compete, grow, and integrate with the rest of Illinois's finest athletes. Only a swimmer can describe the rigorous training, preparation, and competition they've endured to reach this level. For swimmers to spend 4 days with their peers whom they've competed against all season is a cherished experience that will last a lifetime. Your athlete will come home with stories, new friends, and a new level of excitement for this sport.

ZONE TEAM WEBSITE:

www.ilswim.org > Age Group > Zones and Mid-States. Meet information, updates to this packet and general information about the Zone Championships can be found at the Illinois Zone Team website listed above. As the meet date approaches, we will have the Illinois Team entries posted as well.

QUALIFYING FOR THIS MEET:

Illinois swimmers who are USA-Swimming members must have achieved a short or long course National "AAA" time made between August 6, 2008 (the first day of last year's Zone Championships) and Sunday August 2, 2009 (the last day of this year's Illinois Age Group State Championships). Swimmers in the 15-18 age groups must have achieved a 15-16 or 17-18 National AAA time, whichever is slower of the two standards. Swimmers who have achieved the short course (yards or meters) National AAA time but not the long course time during the qualification period must enter with the times actually achieved; annotating them as short course yards (SCY) or short course meters (SCM) times. Each LSC may enter up to two (2) 12 & under and two (2) 13-18 swimmers with a disability. Swimmers with a disability will not be required to have achieved the qualifying time standards. Please contact Pam Lowenthal at the Illinois Swimming Office at ilswimoffice@sbcglobal.net or 847-824-1596 if you plan to participate as one of Illinois's disability swimmers.

ENTRY LIMITS:

The age of a swimmer on Thursday, August 6, 2009 for Open Water ONLY and Friday August 7, 2009 determines his/her age for the pool events. Twelve and under (12-Un) swimmers may enter no more than six (6) individual events of which no more than five (5) may occur on any given day (excluding Open Water). Thirteen and over (13-over) swimmers may enter no more than five (5) individual events of which no more than three (3) may occur on any given day (excluding Open Water). Coaches will setup relays from entered swimmers based on provable times achieved at sanctioned meets. Swimmers who achieve or exceed an individual event cut for the USA-Swimming Junior or Senior National Championships prior to the National Championship entry deadline may not participate in that event or swim that stroke or distance in a relay at the Central Zone Championships. (Please note that swimmers who achieve a Speedo "Sectional" cut are eligible and encouraged to swim those events at Zones).

RELAYS:

Relay lineups are setup by the Illinois Zone Coaches assigned to each age group. TEAM ILLINOIS is permitted to enter an "A" and "B" relay for each event. Lineups are based on current season times from fastest to slowest from all applications received. Relays will be posted PRIOR to the first day of competition. If a relay swimmer is leaving the meet early, the coaches will contact the next available alternate.

TEAM MEMBERS:

Parents are responsible for food, lodging, transportation, social activities, and supervision. TEAM ILLINOIS coaches will coach and supervise swimmers during the Thursday practice, warm-up sessions and the pool & open water meet session(s) during which an athlete is competing each day.

OFFICIALS:

Applications for officiating and obtaining national certification for the meet can be found on the ISI website on the Zones page and on the Central Zones website at www.centralzones.org. **Uniform** is white shirt/blouse, navy pants/skirt, and white shoes. For more information, contact Eliot Van Velzen at eliot.vanvelzen@gmail.com

ADMISSION:

General Admission tickets for visitors and family members are available for purchase at the venue: cost for all weekend (meet program included) is \$30.00; Cost of daily admission including finals is \$8.00 (6 and under are free) Parking is free.

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HOTEL: If you have not already done so, please make a reservation at one of the Team Illinois hotels:

Courtyard by Marriott Indianapolis Castleton
8670 Allisonville Road, Indianapolis, Indiana
317-576-9559-Reservations
Group rate \$99.00 + 16% - Reservation code is: Illinois Swimming Room Block for Discounted Rate
Pool location: 15 miles

Hilton Garden Inn Indianapolis Northeast/Fishers
9795 North by Northeast Blvd, Fishers, Indiana
317-577-5900-Reservations
Group rate \$114.00 + 12% - Reservation code is: Illinois Swimming Room Block for Discounted Rate
Pool Location: 11 miles

ALL RESERVATIONS MUST BE GUARANTEED WITH A CREDIT CARD.

**ENTRY
DEADLINE:**

All entries and reservations for the Illinois Zone team should be made **as soon as the swimmer qualifies and a decision has been made to attend the Zone Championships**. This includes athletes qualifying during the 2008-2009 short course, or 2009 long course seasons. In the past, we attempted to accept all registrations at the Illinois Age Group & Senior Championship meets, resulting in long lines and delays for parents as well as planning.

You will be allowed to add events and update your times through and while attending the Illinois Age Group Championships. The official deadline for registering for this meet is **Monday, July 27th, 2009 at 12:00pm (noon)**. A Zone table will be setup at the Illinois Age Group State Championships to accept entries from swimmers who **newly** qualify for Zones **AT THAT MEET**, or add entries and update times from swimmers already registered for Zones. **NO NEW ENTRIES WILL BE TAKEN AFTER MONDAY, JULY 27, 2009 @ 12:00PM (noon) UNLESS THE TIME IS ACQUIRED AT THE AGE GROUP STATE MEET.**

To participate in the Open Water Championships on the morning of Thursday August 6, 2009, swimmers must have achieved a National 'A' in the following events (yards or meters): 10-Under 200 Free, 11-12 400/500 Free, or 13-Over 1500/1650 Free. This event doesn't occur very often, and it is recommended all swimmers entering the pool events also enter the Open Water event. Swimmers that have qualified for the Open Water Championships but have not qualified for pool events are members of TEAM ILLINOIS and may obtain the equipment package.

PAYMENT: All checks must be made payable to "ILLINOIS SWIMMING" and must accompany registration forms.

**TEAM
APPAREL:**

This year, as in the past, The Swim Team Store is making a very attractive team package. The special arrangement Illinois Swimming has with Speedo and The Swim Team Store makes these items available at great prices you cannot find anywhere. Each swimmer will be provided with (at no cost to them) 2 t-shirts, and 2 latex team caps also swimmers will be offered a discount on a suit, and only swimmers qualifying and competing as members of TEAM ILLINOIS are permitted to purchase this special apparel and options.

Daily Attire (To be followed by Team Illinois swimmers & coaches will be announced at a later date)

**E-MAIL
DISTRIBUTION
LIST:**

To include your e-mail address in the Illinois Zone Team distribution list for e-mail updates and announcements that need to get out, please send an e-mail to Team Illinois Manager Kiki Diaz at cpdswimclub@yahoo.com and also, when filling out the registration forms, print your e-mail address clearly.

ILLINOIS ZONE TEAM WEBSITE: www.ilswim.org > Age Group > Zones and Mid-StatesWILL BE
UPDATED AS NECESSARY PRIOR TO ZONE MEET**

ALL TIMES LISTED BELOW ARE EASTERN DAYLIGHT TIME

Thursday August 6th	7:00AM	Open Water Swimmers Registration & Check-in
	7:45AM	Open Water Clinic for All Participants
	8:15AM	Open Water Warm Up for All Participants
	9:15AM	Open Water Competition Begins (May be staggered for age groups)
	1:00PM	All TEAM ILLINOIS swimmers: meet coaches, check-in, registration and team meeting at Forest Park Aquatics Center Shelter 5
	2:15PM	TEAM ILLINOIS pictures
	2:30PM	All TEAM ILLINOIS practice (ends at 3:30pm)
	6:00PM	General Meeting for TEAM ILLINOIS Team Manager & Head Coach Only at Forest Park Aquatics Center Shelter 5
	*****	Friday Events Scratch Deadline will be 15 minutes after the close of the General Meeting at 6:00PM
*****	Social Hour for All Athletes to be announced hosted by Noblesville Swim Club	
Friday August 7th	7:00AM	Warm-ups for 13-14 and 15-18 age groups PRELIMS
	8:45AM	Meet Starts 13-14 and 15-18 age groups PRELIMS
	12:45PM**	Warm-ups for 10-under and 11-12 age groups TIMED FINALS ** To begin at the conclusion of the AM session
	2:00PM**	Meet Starts for 10-under and 11-12 TIMED FINALS **To begin one hour after the start of warm ups
	4:00PM **	Warm-ups for 13-14 and 15-18 age groups FINALS **To start at the conclusion of the 12 and U session
	5:45PM **	Meet starts for 13-14 and 15-18 age groups FINALS **To begin one hour after the start of warm -up
	*****	Saturday Events Scratch Deadline 30 minutes after the start of the evening session
	*****	Sunday Events Scratch Deadline 30 minutes after the start of the evening session
Saturday August 8th	7:00AM	Warm-ups for 13-14 and 15-18 age groups PRELIMS
	8:45AM	Meet Starts 13-14 and 15-18 age groups PRELIMS
	12:45PM**	Warm-ups for 10-under and 11-12 age groups TIMED FINALS ** To begin at the conclusion of the AM session
	2:00PM**	Meet Starts for 10-under and 11-12 TIMED FINALS **To begin one hour after the start of warm ups
	4:00PM **	Warm-ups for 13-14 and 15-18 age groups FINALS **To start at the conclusion of the 12 and U session
	5:45PM **	Meet starts for 13-14 and 15-18 age groups FINALS **To begin one hour after the start of warm -up
	*****	Sunday Events Scratch Deadline 30 minutes after the start of the evening session
Sunday August 9th	7:00AM	Warm-ups for 13-14 and 15-18 age groups PRELIMS
	8:45AM	Meet Starts 13-14 and 15-18 age groups PRELIMS
	12:45PM**	Warm-ups for 10-under and 11-12 age groups TIMED FINALS ** To begin at the conclusion of the AM session
	2:00PM**	Meet Starts for 10-under and 11-12 TIMED FINALS **To begin one hour after the start of warm ups
	4:00PM **	Warm-ups for 13-14 and 15-18 age groups FINALS **To start at the conclusion of the 12 and U session
	5:45PM **	Meet starts for 13-14 and 15-18 age groups FINALS **To begin one hour after the start of warm -up



2009 CENTRAL ZONE CHAMPIONSHIPS

ILLINOIS ZONE TEAM APPLICATION – Page 1

_____ Last Name First Name Middle Initial

DOB: ____/____/____ Male Female USA Swimming ID#: _____
MM DD YY Format MMDDYYFFIFILLLL F=First Name L=Last Name I=Initial

Address: _____

City: _____ State: _____ Zip: _____ Age on August 7th, 2009 _____

FREQUENTLY CHECKED E-Mail Address: _____

Club: _____ Coach's E-mail Address: _____

Parent/Guardian Name: _____

Phone # (Day) _____ (Eve) _____ (Cell) _____

Emergency Contact: Name: _____ Phone # _____

APPLICATION CHECKLIST

(All items must be received by deadline of July 27th @ 12:00pm (noon) for application to be considered)

_____ Application form filled out completely _____ Medical History Questionnaire _____ Signed Code of Conduct
_____ Check for full amount payable to "Illinois Swimming"

APPLICATION DEADLINE All applications **must** be received no later than **12:00pm (noon) on Monday July 27th, 2009**. Acceptance response will be emailed once your application is received and processed. Mailed applications received after 12:00pm (noon) on July 27th **will not be accepted!!!**

QUALIFYING TIMES:

- Must equal or exceed National USA Swimming Long Course Meter "AAA" Qualifying Times as Published by USA Swimming Inc. and Illinois Swimming Inc.
- 15-18 year old swimmers are encouraged to enter non-qualifying times that are within .50-1.0 seconds of qualifying times in case we do not have two entries in each event.
- Open Water qualifying times are National USA Swimming "A" Times for the following events: 10&under – 200 Free; 11-12 – 400/500 Free, 13&over – 1500/1650 Free



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ILLINOIS ZONE TEAM APPLICATION – Page 2

Athlete Info _____

Last Name

First Name

Middle Initial

Event Limits:

	Event #	Event Name (i.e. 11-12 50 Back)	Best Time (LCM,SCM,SCY)	Date Achieved (MM/DD/YY)	Entry Fee
EX.	#99	11-12 Girls 100 Breast	1:18.54 LCM	07/21/08	example
1.					\$5.00
2.					\$5.00
3.					\$5.00
4.					\$5.00
5.					\$5.00
6.					\$5.00
+		Open Water			

- **10 & under and 11-12 Timed Finals** - Swimmers may enter no more than six (6) events of which no more than five (5) may occur on any given day. (Not including Open Water swim)
- **13-14 and 15-18 Prelim/Finals** - Swimmers may enter no more than five (5) events of which no more than three (3) may occur on any given day. (Not including Open Water swim)

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ENTIRE PAYMENT MUST BE SUBMITTED WITH APPLICATION.

ENTRY FEES: NUMBER OF INDIVIDUAL EVENTS x \$5.00 = \$ _____

ENTRY FEES: WEDNESDAY OPEN WATER x \$20.00 = \$ _____

ENTRY FEES: NUMBER OF RELAY EVENTS x \$10.00 = \$ paid by Illinois Swimming

TOTAL (MAKE CHECKS PAYABLE TO "**ILLINOIS SWIMMING**"): = \$ _____

I, the undersigned, am a club coach for which the above athlete represents. My signature is verification that I have been informed of my athlete's participation in Team Illinois at the Central Zone Meet and have reviewed the events and times entered for this athlete.

Signed: _____ Date: _____
Head Club Coach/Head Age Group Coach (Required Signature)

Signed: _____ Date: _____
Athlete

Signed: _____ Date: _____
Parent

SEND COMPLETED APPLICATION VIA US POSTAL MAIL, FED EX, UPS, OR ANOTHER DELIVERY SERVICE TO THE FOLLOWING ADDRESS: (NO FAXED APPLICATIONS WILL BE ACCEPTED)

**ZONE ATHLETE APPLICATION
C/O ILLINOIS SWIMMING
3166 S. RIVER RD. SUITE 30, DES PLAINES, IL 60018**



ILLINOIS SWIMMING HONOR CODE

_____ as a member of _____, understand and will comply with the following guidelines as set forth by Illinois Swimming, USA Swimming and the Olympic / International Operations Committee regulations.

- The possession or use of alcohol, tobacco products or controlled substances by athlete or staff member of Team Illinois is prohibited throughout the duration of trip, meet, camp (until team has officially disbanded).
- Curfew established by the staff will be adhered to each day of the training camp and at the competition.
- Team members and staff will attend all team functions, including meetings, practices, exhibitions, press conferences, competitions, etc., unless otherwise excused or instructed by the Head Coach or Director.
- To insure the propriety of the athletes and to protect the staff, there will be no male athletes in female athletes' rooms, and no female athletes in male athletes' rooms. Every attempt will be made to provide an open area for all athletes and staff to gather.
- Team members and staff will comply with uniform requirements. Details of this policy will be further explained at the beginning of the training camps or competitions.
- Team members and staff will refrain from any illegal or inappropriate behavior that could detract from a positive image of Illinois Swimming or be detrimental to its performance objectives.
- Team members will display proper respect and sportsmanship toward coaches, officials, administrators, fellow competitors and the public.
- Any additional guidelines for Team Illinois will be established as needed by the Head Coach or Director. Coaches, managers and athletes will all be included under these terms. Implementation:
 - All Team and staff are apprised in writing of this policy, signature of the document constitutes unconditional agreement to comply with the Honor Code of Illinois Swimming.
 - An evaluation system will be established to determine if team and staff members have followed all aspects of the policy
 - Failure to comply with the Honor Code as set forth in this document may result in disciplinary action. Such disciplinary action may include, but not limited to:
 - Dismissal from the Team and immediate return home at the expense of the parent/ athlete
 - Disqualification from one or more events, or all events of competition
 - Disqualification from future Team Illinois camps and competitions

Any appeal taken from any disciplinary action shall be in accordance with Part Four of USA Swimming Rules and Regulations. Name:

_____ Event: _____ Signature of Swimmer / Date:

_____ Signature of Parent/ Guardian:



ILLINOIS MEDICAL HISTORY QUESTIONNAIRE

NAME: _____
(LAST) (FIRST) (MIDDLE)

BIRTH DATE: _____ SPORT: _____ MALE FEMALE

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT: _____ PHONE: _____

PLEASE RESPOND TO ALL QUESTIONS ON THIS QUESTIONNAIRE AND GIVE DETAILS AS REQUESTED. ALL INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL.

1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)
 No Yes If yes, list: _____
2. Do you take any medication on a permanent/ semi-permanent basis (anti-inflammatory, antibiotics, etc.)?
 No Yes If yes, list: _____
3. Have you ever had an epileptic seizure?
 No Yes If yes, give date of last seizure _____
4. Have you ever been told by a physician you have epilepsy?
 No Yes
If yes, are you on medication? No Yes If yes, what medication? _____
5. Have you ever been treated for diabetes?
 No Yes
If yes, are you on medication? No Yes If yes, what medication? _____
6. Have you ever been told by a physician you were anemic?
 No Yes If yes, when? _____
7. Have you ever been told by a physician you have sickle cell anemia?
 No Yes
8. Have you ever been told by a physician you have sickle cell trait?
 No Yes

9. Do you have or have you ever had high blood pressure?

No Yes

10. Do you have or have you ever had any of the following diseases? If yes, give dates.

No Yes Heart Disease (heart murmur, rheumatic fever, etc.) Date: _____

No Yes Lung Disease (pneumonia, tuberculosis, etc.) Date: _____

No Yes Kidney Disease (infections) Date: _____

No Yes Liver Disease (mononucleosis, hepatitis, etc.) Date: _____

11. Have you ever been told by a physician you have asthma?

No Yes

If yes, are you on medication? No Yes If yes, what medication? _____

12. Have you had a hernia?

No Yes

If yes, has it been repaired? No Yes If yes, date repaired? _____

13. Have you ever been "knocked-out" (unconscious)?

No Yes If yes, give date(s): _____

14. Have you ever had a concussion or other head injury?

No Yes

If yes, describe and give date(s): _____

15. Have you ever stayed overnight in a hospital due to a head injury?

No Yes

If yes, are you on medication? No Yes If yes, what medication? _____

16. Have you ever had a neck injury involving bones, nerves or discs that disabled you for a week or longer?

No Yes

If yes, describe and give date(s): _____

17. Do you wear glasses and /or contact lenses?

No Yes

18. Do you wear any of the following dental appliances?

Permanent Bridge No Yes

Permanent Crown/Jacket No Yes

Full Plate No Yes

Braces No Yes

Permanent Retainer No Yes

Removable Retainer No Yes

19. Have you had a broken bone or fracture with the past five (5) years?

No Yes

If yes, what bone? _____ Right Left Date: _____

20. Have you had a shoulder injury in the past five (5) years that disabled you for a week or longer?

No Yes

If yes, type of injury? _____ Right Left Date: _____

21. Have you ever had shoulder surgery?

No Yes

If yes, type of surgery? _____ Right Left Date: _____

22. Have you ever injured your back?

No Yes

If yes, type of injury? _____ Date: _____

23. Do you presently have back pain?

No Yes

If yes, check any of the following that apply:

Occasionally

Frequently

With Vigorous Exercise

With Heavy Lifting

24. Have you injured your knee in the past five (5) years?

No Yes

25. Have you been told by a physician, therapist or athletic trainer you injured a cartilage/meniscus in your knee?

No Yes

If yes, type of injury? _____ Right Left Date: _____

26. Have you been told by a physician, therapist or athletic trainer you injured the ligaments in your knee?

No Yes

If yes, type of injury? _____ Right Left Date: _____

27. Have you ever had knee surgery?

No Yes

If yes, what was done? _____ Right Left Date: _____

28. Have you had a severe ankle sprain in the past five (5) years?

No Yes

29. Do you have a metallic implant (pin, screw, plate, etc.) in your body?

No Yes

If yes, where? _____ Date: _____

30. Do you have any other medical conditions which we should be aware in order to help you (i.e. ulcers, food/insect allergy, pregnancy, etc.)

No Yes

If yes, specify and give details: _____

31. Please give the dates of your last immunization for:

Tetanus Date: _____

Polio Date: _____

Measles Date: _____

Mumps Date: _____

Rubella Date: _____

Signature: _____ Date: _____