

Western Zone Senior Championship – Team Hawaii 2014
Athlete Application / Uniform Order Form
Due June 22, 2014

NOTE: NO APPLICATIONS WILL BE ACCEPTED AFTER JUNE 22, 2014

Athlete's Name: _____ Team _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ E-mail _____

Male ____ Female ____ Date of Birth ____ / ____ / ____ Age on July 30, 2014 _____

Parent/Guardian Name _____ Cell Phone: _____ Email: _____

_____ Traveling with team Hawaii (roundtrip)

_____ Meeting Team Hawaii in Clovis, California (Athlete must meet team at hotel team check in - TBD)

Team Hawaii Athletes Uniform (includes T-Shirts(6), Team Shirt(1), and (1) Team cap (required for all competition). Note: additional team uniforms and caps may be ordered below. Team cap replaced at meet will be \$12 per cap.

Circle size (Adult Sizes)

T-Shirts S M L XL XXL

Team Polo/Aloha Shirt S M L XL XXL

Additional Team Hawaii Accessories (Embroidered with Team Hawaii Logo)

Backpack (Black)* Qty: _____ x \$45.00 = _____

Jacket (circle adult size)* XS S M L XL Qty: _____ x \$55.00 = _____

Additional Team Caps Qty: _____ x \$ 8.00 = _____

Extra set of Team T-Shirts (6) XS S M L XL Qty: _____ x \$90.00 = _____

Total Cost \$_____

Mail by June 22, 2014 or hand deliver to Jon Hayashida at the Hawaiian Swimming Senior LCM Swimming Championship (VMAC).

- \$500 non-refundable deposit and payment for additional Team Hawaii Accessories
- Athlete Application/Uniform Order Form
- Medical waiver form with a copy of swimmer's medical insurance card

Make checks payable to: **Hawaiian Swimming** (deposit & additional items ordered may be on one check)

TEAM HAWAII
c/o Pat Takeshita
94-1154 Moololo St.
Waipahu, HI 96797

Questions: Contact Pat Takeshita Email: takeshitr003@hawaii.rr.com or phone: (808) 677-0990

* Backpacks and Team Jacket is pending vendor approval. If these items are not available we will refund your payment.

Western Zone Championship – Team Hawaii 2014
Athlete's Medical Waiver and Authorization for Treatment of a Minor

Please complete one (1) waiver form for each Athlete

Name _____ Birth date ___/___/___ Age at Zones _____
Address _____ City _____ State _____ Zip Code _____
Phone _____ Cell Phone _____ E-mail _____

I, _____ the parent/legal guardian of _____ hereby give my consent for emergency medical and/or surgical treatment of this minor in a licensed hospital/medical facility by a licensed physician should his/her condition so require it in my absence. I understand should such a case occur reasonable attempts would be made to contact me first, time and conditions permitting. As long as the medical/surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice, I impose no specific limitations or prohibitions regarding treatment other than those that follow (If no limitations, write "NONE" in the space below).

My child has a medical condition: ____no ____yes** (if yes, specify & list medications)

**** Athlete must have their medication, applicators or appropriate medical equipment with them at all times.**

My child is allergic to:

____Foods _____
____Medicine _____
____Other _____

Emergency Information

Mother's Name: _____ Phone: Day _____ Cell _____
Father's Name: _____ Phone: Day _____ Cell _____

Insurance Information

My child has health insurance: ____no ____yes (if yes, complete information below)

Type of Insurance: _____

Policy Holder's Name: _____

Policy #: _____

Family Physician: _____ Phone: _____

Parent / Legal Guardian (Print)

Parent / Legal Guardian (Signature)

Date

Attach a copy of athlete's insurance card
HERE

Western Zone Championship – Team Hawaii 2014

Athlete/Parent Guidelines

- 1) Chaperones attending the Western Zone Championship will be there to support the athletes and coaches with the goal for a successful championship meet. Chaperones will support athletes with :
 - ❖ Informing athletes of the transportation schedules to and from the pool during pre-meet practice sessions and during the championship meet.
 - ❖ Schedule and coordinate meals for the athletes.
 - ❖ Enforce curfew times, lights out time, and wake-up times.
 - ❖ Complete a roster check for all departure
- 2) There will not be an adult chaperone in their room.
- 3) Designated team leaders will be determined by the Team Manager to assist the coaches and chaperones. These athletes selected will be based on good leadership skills, responsibility, previous regional/zone experience competition, and ability to gain support from the other athletes.
- 4) The Team Manager and Head Swim Coach will determine the team curfew. **ALL** athletes will be required to be in their assigned rooms by curfew time. Only Coaches and Chaperones may be permitted in the athlete's rooms after curfew.
- 5) All athletes are expected to be on their best behavior in and out of the pool. No wrestling, horseplay or rough play will be tolerated.
- 6) Athletes who require a special diet due to food allergy, cultural requirements, restricted diet, etc.) are
- 7) Athlete with medical conditions (i.e.-asthma) must alert the Head Chaperone of their condition well in advance of the departure date. Athletes will be responsible for their respective medications and/or medical apparatus during the trip. The Head Chaperone must be informed regarding any assistance that may be necessary for the athlete.
- 8) The team itinerary will be provided in advance for each athlete. Parents and athletes should be aware that changes to the schedule might happen due to unexpected events and/or schedule changes.
- 9) A contract explaining what is expected from each athlete **must be** signed by the athlete and parent or legal guardian and submitted to the Head Chaperone prior to the departure date.
- 10) If an athlete is not traveling with Team Hawaii---Parent or legal guardian will submit a letter request to the Head Chaperone prior to the departure date. The request will include the date, time, place and name of person dropping off or picking up the athlete. The Head Chaperone will confirm the date, time and identify the place where the transfer of responsibility of the athlete will be completed. The athlete and responsible adult must sign out with the Head Chaperone to authorize the athlete's release. Athletes may depart from Team Hawaii after the conclusion of Team Hawaii's participation at the Western Zone Senior Championship and discharged by the Team Manager.

Athlete/Parent Copy