

New England Swimming 2004 Long Course Zone Team

COACH APPLICATION FORM

The 2004 Eastern Long Course Zone Championships will be held at Erie Community College Flickinger Aquatic Center (13-14, 15-18) and at University of Buffalo Alumni Arena Pool (9-10, 11-12) in Buffalo, New York on August 11th – 14th, 2004. This form must be completed and returned to Laura Matuszak by July 18th, 2004 if you wish to be considered for the 2004 Long Course Zone Team Coaching Staff. The Zone Head Coach (Laura Matuszak) and the Zone Coordinator (Ray Grant) will select the 2004 coaching staff with the assistance of the New England Swimming Board of Directors by July 25th, 2004.

ZONE TEAM COACHING RESPONSIBILITIES

1. Attend scheduled team practices.
2. Attend any organizational meetings.
3. Actively participate in meet coaching including the supervision of warm-up, being sure swimmers are ready to compete, watching the swimmers' races, taking event splits and providing general feedback and positive support after each race.
4. Assist the head coach in deciding relays and relay order.
5. Monitor the team at the pool and coordinate arrival, departure and meal times with the chaperones.
6. Assist the chaperones and the head coaches in enforcing trip rules and policies.

Schedule

Depart Tuesday, August 10, 2004

Meet Wednesday, August 11 – Saturday, August 14, 2004.

Return Saturday, August 14, 2004 (some coaches will return after trials on Saturday afternoon, some coaches will return after finals on Saturday evening)

Mail Application to:

Laura Matuszak, 62 Laurel Hill Drive, South Burlington, VT 05403. lmatuszak@smcvt.edu

OR drop off application at the New England verification table at the 2004 Summer Long Course Championship Meets

Personal Information (please print)

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip

HOME PHONE: _____ **BUSINESS PHONE:** _____

FAX NUMBER: _____ **TEAM:** _____

E-MAIL ADDRESS: _____

TEAM APPAREL: (S, M, L, XL, XXL) **Shirt** _____ **Shorts** _____

EXPERIENCE

Please provide a brief description of your coaching experience. (i.e., years coaching, travel, camps, national experience.)

COACHING ASSIGNMENT PREFERENCE (Please list your order of preference 1-3).

10 and Under _____ 13 and Over _____
11-12 _____

Please complete the waiver form on the back to this application.

**EASTERN ZONE ALL STAR SWIM MEET
NEW ENGLAND SWIMMING August 11-14, 2004
Erie Community College Flickinger Aquatic Center and
University of Buffalo Alumni Arena Pool in Buffalo, NY**

Waiver of Liability

I hereby release New England Swimming, together with their operators, agents, employees, consultants, and instructors from any and all claims from injury or damage that may be sustained by me during participation in the Eastern Zone Age Group All Star Swimming Competition.

I represent hereby that I am in good health and capable of participating on the New England Zone Team and will not do anything which will injure myself or others while engaged in the programs. I will hold New England Swimming harmless in connection with my participation.

If an accident or injury occurs, I will give New England Swimming or their representatives permission to obtain medical attention and/or required treatment.

Signature _____
Date _____