

Application deadline:
Received by Oct. 10, 2009 by 12 noon

Rec'd: _____
Check # : _____

2009 South Texas All Star Team Athlete Application

Name _____ Age as of Nov. 14, 2009 _____ Date of Birth _____

Parent's Email _____ USA Swimming ID # _____

Address _____ Current Team _____

City _____ Zip _____ Phone _____ T-Shirt Size _____

Parent's Name _____ Warm-Up Jacket Size _____

Club Coach _____ Phone _____ Club Coach's email _____

All applications must be submitted with a check for \$125.00; Payable to *South Texas Swimming*.

- All fees must be paid with this application and are ***REFUNDABLE IF NOT CHOSEN***.
- ***The All-Star Meet will be in Southlake, TX (DFW), Nov 14th & 15th. The South Texas Team members will travel by bus to Southlake, TX, Friday, Nov. 13th around noon and return to Austin or San Antonio in the late afternoon, November 15th.***
- All athletes must travel to the All Star Meet together on the bus and home on the bus.

Eligibility: **Swimmers must have achieved at least a current USA Swimming "A" motivational time in each event they enter.**

Events will be swimming in Single age groups 11, 12, 13, 14 for each gender.

Send hard copies of the **Application and Best Time Sheet with times (A minimum), medical waiver and code of conduct and fee** by October 10, 2009, by 12 noon to:

Age Group Chair: **Trey Kohlhausen, 3610 South Second Street, Austin, TX 78704**

Best Times (A minimum) Please list all available times:

Short Course Times or Long Course Times: (indicate short or long course times by circling below)

50 Free	Time _____	Meet _____	(s/c or l/c)
100 Free	Time _____	Meet _____	(s/c or l/c)
200 Free	Time _____	Meet _____	(s/c or l/c)
500 Free	Time _____	Meet _____	(s/c or l/c)
50 Back	Time _____	Meet _____	(s/c or l/c)
100 Back	Time _____	Meet _____	(s/c or l/c)
200 Back	Time _____	Meet _____	(s/c or l/c)
50 Breast	Time _____	Meet _____	(s/c or l/c)
100 Breast	Time _____	Meet _____	(s/c or l/c)
200 Breast	Time _____	Meet _____	(s/c or l/c)
50 Fly	Time _____	Meet _____	(s/c or l/c)
100 Fly	Time _____	Meet _____	(s/c or l/c)
200 Fly	Time _____	Meet _____	(s/c or l/c)
100 IM	Time _____	Meet _____	(s/c or l/c)
200 IM	Time _____	Meet _____	(s/c or l/c)
400 IM	Time _____	Meet _____	(s/c or l/c)

I have read the above times and do hereby certify that these are the swimmer's best times (A minimum) and that all information is accurate.

Club Coach's Signature _____ **Date** _____ **Phone#** _____
Email: _____

Swimmer's Signature _____ **Date** _____ **Phone #** _____
Email: _____

Swimmer's Parent or Guardian Signature _____ **Date** _____ **Phone #** _____