



2009 MID-STATE QUADRANGULAR CHAMPIONSHIPS TEAM ILLINOIS INFORMATION & APPLICATION PACKET

The Mid-States Quad meet is an “All-Star” type meet with Team Illinois, Team Indiana, Team Kentucky and Team Lake Erie/Ohio. This is NOT like the summer Central ZONE meet where anyone with a cut can ENTER the meet. **This is an APPLICATION/SELECTION process as Team Illinois is limited on the number of swimmers per event.** Swimmers must have at least ISI Regional Qualifying Times to Apply. Although for most age groups it does take at least an ISI Age Group Standard to make the team. Team IL participants are selected based on applications received by **6:00pm on December 16, 2008.**

Illinois swimmers applying for the Mid-State Quadrangular Championships must use the forms in this packet to apply to be considered for members of the “Team Illinois”.

WHEN: January 10-11, 2009

WHERE: Indiana University Natatorium - Indianapolis, Indiana

HOTEL INFO: ADAM’S MARK HOTEL INDIANAPOLIS – AIRPORT (1-800-444-2326)
2544 Executive Dr. Indianapolis, IN 46241
Double/Double or King, rate \$89.00 + tax

Please be sure to make your hotel reservations by **December 31, 2008!** Room availability can not be guaranteed if reservations are not made by that date.

***You may also choose to stay in a different hotel; it is not required to stay at the listed hotel.**

Team Illinois Homepage - www.ilswim.org > Age Group > Zones & Mid-States

IMPORTANT MID-STATES APPLICATION TIMELINE

- Interested Athletes must submit an entry by **6:00pm on December 16, 2008** to be considered.
- Athletes in consideration as of December 16, 2008 (*those submitting applications*) will be analyzed in accordance with official SCY times achieved through December 16, 2008. In order for SCY times to be considered “official” by the Mid-States Meet Coaching staff they must be included in official meet results received by the Illinois Swimming office and available within the USA Swimming National computer database (SWIMS). If your swimmer’s best time was accomplished at a high school Sectional or State meet or is not included on your USA Swimming best times report, those results must be included with your application. **THERE IS NO NEED TO SUPPLY TIMES FOR ANY OTHER REASON.**
- Mid-States Coaching staff will meet soon after the December 16th deadline to validate the times, assimilate all the information and choose the team. The coaches will select Illinois swimmers that best represent Team Illinois for the Mid-States Quad meet.
 - 14 & Under - Fastest 4 individuals for each event (*Exception: 11-12 1650 is limited to 2 swimmers.*)
 - 15 – 18 - Fastest 2 individuals for each event (*Exception: Open 1650 is allowed up four (4) swimmers.*)
- An email will be sent to ALL applicants (on acceptance or those not accepted). Those emails will be sent out by 9:00pm on December 20, 2008. Be sure that you include a frequently checked email address to insure timely receipt of the email. Look for an email to come from CoachJessica@comcast.net
- Team Illinois members will then be asked to confirm a second time once they receive that acceptance email. That deadline will be December 27, 2008. **If you swimmer is selected, please make sure you reply to the acceptance email!!** If you do not reply or indicate you cannot be a part of Team Illinois, the coaching staff will need to find a replacement! It always amazes us that swimmers apply, are accepted for X amount of events and then a decision is made to NOT be a part of Team Illinois. IF a swimmer turns down their invitation to be a part of Team Illinois, they will NOT be eligible for any apparel. All Team Illinois members will be given apparel information and additional activity information upon receipt of their email response accepting to be a part of Team Illinois.

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



2009 MID-STATE QUADRANGULAR CHAMPIONSHIPS TEAM ILLINOIS INFORMATION & APPLICATION PACKET

APPLYING FOR TEAM ILLINOIS:

ALL FORMS in this packet must be received by **December 16, 2008 at 6:00pm** to be considered for this meet.

Swimmers must have at least ISI Regional Qualifying Times to Apply. Although for most age groups it does take at least an ISI Age Group Standard to make the team.

Athletes in consideration as of December 16, 2008 (*those submitting applications*) will be analyzed in accordance with official SCY times achieved through December 16, 2008. In order for SCY times to be considered “official” by the Mid-States Meet Coaching staff they must be included in official meet results received by the Illinois Swimming office and available within the USA Swimming National computer database (SWIMS). If your swimmer’s best time was accomplished at a high school Sectional or State meet or is not included on your USA Swimming best times report, those results must be included with your application. **THERE IS NO NEED TO SUPPLY TIMES FOR ANY OTHER REASON.**

A swimmer may be selected to swim anywhere from one to six individual events.

Swimmers will have 7 days to accept or reject their invitation to represent Team IL, at which time more information will be sent out outlining the apparel information, as well as an agenda for the weekend.

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 be selected to participate at the Team Illinois – Mid-State Championships. Once the swimmer has been selected and has accepted to participate, the user name and password to order apparel will be provided to the families via email.

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

*****There are Indiana suit regulations being enforced for swimmers ages 12 and younger at the 2009 Quad Meet. Swimmers 12 and younger CANNOT participate in the Quad Meet unless they have legal suits. *** (see below for exact rule)**

IMPORTANT INDIANA SUIT RULES

All 12 and under swimmers participating in a meet sanctioned by the Indiana LSC must comply with the new swimwear rules passed into legislation by the 2008 Indiana Swimming House of Delegates. This legislation modifies USA Swimming rule 102.9.1 as follows:

- A. Swim suits worn by 12 and under males participating in all Indiana Swimming sanctioned “age group” competitions will not extend above the navel or below the knees.
- B. Swim suits worn by 12 and under females participating in all Indiana Swimming sanctioned “age group” competitions will not cover the neck, extend past the shoulders; extend beyond the shoulder, nor below the pelvis.
- C. Swimsuits worn for competition must be non-transparent and conform to the current concept of appropriate.
- D. The referee shall have the authority to bar offenders from the competition until they comply with the rule.



2009 MID-STATE QUADRANGULAR CHAMPIONSHIPS

ORDER OF EVENTS

SATURDAY			SUNDAY		
Warm-Ups: 10:00 - 11:45 a.m. Opening Ceremony: 12:00 p.m. Meet Start: 12:15 p.m.			11 & O Warm-Ups: 7:30 - 8:45 a.m. 10 & U Warm-Ups: 9:00 - 10:00 a.m.* *North pool is reserved for 10 & under swimmers only. Meet Start: 9:00 a.m.		
GIRLS	EVENT	BOYS	GIRLS	EVENT	BOYS
1	Open 200 IM	2	51	Open 400 IM	52
3	13-14 200 IM	4	53	13-14 400 IM	54
5	11-12 200 IM	6	55	Open 200 Free	56
7	10&U 200 IM	8	57	13-14 200 Free	58
9	Open 100 Free	10	59	11-12 200 Free	60
11	13-14 100 Free	12	61	10&U 200 Free	62
13	11-12 50 Free	14	63	Open 100 Breast	64
15	10&U 50 Free	16	65	13-14 100 Breast	66
17	Open 200 Breast	18	67	11-12 100 Breast	68
19	13-14 200 Breast	20	69	10&U 100 Breast	70
21	11-12 50 Breast	22	71	Open 200 Fly	72
23	10&U 50 Breast	24	73	13-14 200 Fly	74
25	Open 200 Back	26	75	11-12 100 Fly	76
27	13-14 200 Back	28	77	10&U 100 Fly	78
29	11-12 50 Back	30	79	Open 50 Free	80
31	10&U 50 Back	32	81	13-14 50 Free	82
33	Open 100 Fly	34	83	11-12 100 Free	84
35	13-14 100 Fly	36	85	10&U 100 Free	86
37	11-12 50 Fly	38	87	Open 100 Back	88
39	10&U 50 Fly	40	89	13-14 100 Back	90
10 MINUTE BREAK			91	11-12 100 Back	92
41	Open 400 Med Relay	42	93	10&U 100 Back	94
43	11-12 200 Med Relay	44	95	Open 500 Free	96
45	10&U 200 Med Relay	46	97	13-14 500 Free	98
*47	Open 1650 Free	*48	99	11-12 500 Free	100
**49	11-12 1650 Free	**50	101	10&U 200 Fr Relay	102
*up to 4 swimmers per team - fastest to slowest alt. girls/boys **Only allowed 2 swimmers per team			103	11-12 200 Fr Relay	104
			105	Open 400 Fr Relay	106



2009 MID-STATE QUADRANGULAR CHAMPIONSHIPS
TEAM ILLINOIS APPLICATION – Page 1 *(Please print neatly and legibly)*

Name (Last, First, MI): _____
Last Name First Name Initial

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

Address: _____

City: _____ State: _____ Zip: _____ Age on August 6th, 2008 _____

Swim Club: _____ Coach: _____

FREQUENTLY CHECKED E-Mail Address: _____
PLEASE write CLEARLY so the complete email address is LEGIBLE

Parent/Guardian Name: _____

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

Emergency Contact: Name: _____ Phone # _____

APPLICATION CHECKLIST

(All items must be received by the deadline of December 16th @ 6:00pm for application to be considered)

- _____ Application form filled out completely (2 pages)
- _____ Medical History Questionnaire (2 pages)
- _____ Signed Code of Conduct (1 page)

APPLICATION DEADLINE

All applications **must** be received no later than **6:00pm on December 16, 2008**.

Acceptance letters will be emailed by 9:00pm on December 20, 2008. Swimmers will have 7 days to accept or reject their invitation to represent Team IL, at which time more information will be sent out outlining the apparel information, as well as an agenda for the weekend.

Applications received after 6:00pm on December 16, 2008 **will not be accepted!!!** Time Updates will not be accepted after the application deadline.

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

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



2009 MID-STATE QUADRANGULAR CHAMPIONSHIPS
TEAM ILLINOIS APPLICATION – Page 2 *(Please print neatly and legibly)*

Name (Last, First, MI): _____, _____, _____
Last Name First Name Initial

By signing below, I will represent Illinois Swimming in the proper manner at ALL Mid-States Quad functions, including the Social/Dance and will be responsible for trash left behind from any food/drink I bring on deck.

SIGNATURE OF ATHLETE

SIGNATURE OF PARENT

I plan to stay at the: _____ Adam’s Mark Indianapolis Airport
_____ Other: _____

Cell phone number where swimmer can be reached while in Indianapolis:

Your Parent’s Names:

If your parents are unable to attend and you are staying with someone else, please name here:

Where can we reach a parent or another adult responsible for you DURING the meet?

****Please respond no later than 6:00pm on December 16, 2008****

YOU DO NOT NEED TO SUPPLY YOUR BEST TIMES

Swimmers **must have** at least ISI Regional Qualifying Times to Apply. Although for most age groups it does take at least an ISI Age Group Standard to make the team.

Athletes in consideration as of December 16, 2008 (*those submitting applications*) will be analyzed in accordance with official SCY times achieved through December 16, 2008. In order for SCY times to be considered “official” by the Mid-States Meet Coaching staff they must be included in official meet results received by the Illinois Swimming office and available within the USA Swimming National computer database (SWIMS). If your swimmer’s best time was accomplished at a high school Sectional or State meet or is not included on your USA Swimming best times report, those results must be included with your application. **THERE IS NO NEED TO SUPPLY TIMES FOR ANY OTHER REASON.**

A swimmer may be selected to swim anywhere from one to six individual events.

Swimmers will have 7 days to accept or reject their invitation to represent Team IL, at which time more information will be sent out outlining the apparel information, as well as an agenda for the weekend.



2009 MID-STATE QUADRANGULAR CHAMPIONSHIPS TEAM ILLINOIS MEDICAL HISTORY QUESTIONNAIRE – Pg 1

Name (Last, First, MI): _____, _____, _____
Last Name First Name Initial

PLEASE RESPOND TO ALL QUESTIONS PROVIDING DETAILS AS REQUESTED. INFORMATION 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): _____



2009 MID-STATE QUADRANGULAR CHAMPIONSHIPS

TEAM ILLINOIS MEDICAL HISTORY QUESTIONNAIRE – Pg 2

Name (Last, First, MI): _____, _____, _____
Last Name
First Name
Initial

17. Do you wear glasses and /or contact lenses? No Yes
18. Do you wear any of the following dental appliances?
- | | | | |
|--------------------|--|------------------------|--|
| Permanent Bridge | <input type="checkbox"/> No <input type="checkbox"/> Yes | Permanent Crown/Jacket | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Full Plate | <input type="checkbox"/> No <input type="checkbox"/> Yes | Braces | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Permanent Retainer | <input type="checkbox"/> No <input type="checkbox"/> Yes | Removable Retainer | <input type="checkbox"/> No <input type="checkbox"/> 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: _____ | | |

Parent/Guardian Signature: _____ Date: _____



2009 MID-STATE QUADRANGULAR CHAMPIONSHIPS TEAM ILLINOIS HONOR CODE

Name (Last, First, MI): _____, _____, _____
Last Name First Name Initial

...as a member of TEAM ILLINOIS, I 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.

Signature of Swimmer: _____

Signature of Parent/Guardian: _____

Date: _____