



**United States Deaf Swimming
Deaflympic Athlete Selection Criteria**

2013 Deaflympics

APPROVED BY USADSF 23JAN2012



Jurisdiction

Team selection for the 2013 Deaflympics is under the jurisdiction of the USA Deaf Sports Federation. Questions about team selection and about membership in Swimming Ad Hoc Committee and USA Deaf Sports Federations (USADSF) should be directed to the USDS Director, Dale Parker daletparker@gmail.com.

2013 Deaflympics

The 2013 Deaflympics location is currently TBA. The meet is scheduled for Summer 2013. In addition, we will likely have a short mini-camp at Gallaudet, plus scheduled travel time to Deaflympics, meaning you should expect to arrive in Washington, D.C. around one (1) week prior to competition. Final logistical details will follow.

Selection

The athlete selection committee shall consist of:

- 1) USDS Director;
- 2) USDS Board Member;
- 3) USDS National Team Coach;
- 4) Former Deaflympic athlete

Selection for the 2013 Deaflympics will be based on the following criteria:

- 1) Verification of official times through USA Swimming SWIMS database
- 2) Best time is under the Deaflympics Qualifying Standard time
- 3) Individuals invited to the 2013 USDS National team will have a best time matching or better than 2009 Deaflympics 16th place finisher in any event
- 4) In the case of less than 4 male or female swimmers are invited to the national team, the USDS board must find best candidates to fill-in for relay events; after USADSF approval of such swimmer.

Events

Swimmers will be selected from the following events: 50m, 100m, 200m, 400m freestyle, 800m freestyle (women) and 1500m freestyle (men); 50m, 100m, and 200m backstroke; 50m, 100m, and 200m breaststroke; 50m, 100m, and 200m butterfly; and the 200m and 400m individual medley.



Requirements for all Swimmers

Swimmers selected to the team must satisfy the following requirements:

- 1) Athlete must be a US citizen and eligible to represent the USA at international competition.
- 2) Athlete must be a member in good standing with USA Swimming, Swimming Ad Hoc Committee and the USADSF prior to accepting USDS Invitation Letter to become a Member of the National Team.
- 3) Athlete must have a hearing loss of at least 55db in the better ear (pure tone average at 500, 1000, and 2000 Hertz, ISO 1964 Standard)
- 4) Athlete must provide a recent audiogram on the official ICSD audiogram to the Swimming Coordinator prior to selection competition (can be mailed with meet entries). The form is available at <http://www.deaflympics.com/forms/audiogram.pdf>.
- 5) Must agree and sign and abide by USOC, USA Swimming, and USADSF Codes of Conduct.
- 6) Must submit him or herself without any reservations to all doping control policies and procedures of the USADSF, FINA, USOC, and ICSD.
- 7) Must commit to train year round from time of selection to international competition and comply with training requirements and timely submission of a training plan.
- 8) Must maintain contact with Coach Snape and keep him informed of training regimens and performance results.
- 9) Must exhibit good sportsmanship and character.

Qualifying

- 1) Swimmers must submit official verifying times (SWIMS times) that are faster than Deaflympic Qualifying Times (see table at end of this document) signed by a certified official at USA Swimming, YMCA, or NCAA competition.
- 2) All swimmers who are named to the National Team are eligible for the relays (400m free, 800m free, and 400m medley).
- 3) Additional swimmers may be selected using a scoring system based on their SWIMS times.
- 4) The following criteria will also be taken into consideration in the selection process: character, integrity, and sportsmanship.
- 5) Final selection will be announced after USADSF approval.

Selection Committee

The athlete selection committee shall consist of:

- 1) USDS Director;
- 2) USDS Board Member;
- 3) USDS National Team Coach;
- 4) Former Deaflympic athlete



Discovery of a Deaf Swimmer after Selection

A compiled list of known swimmers (Swimming Ad Hoc database) shall be made and signed by the swimming coordinator and given to an USADSF officer before meet registration deadline. Any swimmer not on the list who is brought to the attention of Swimming Ad Hoc and/or USADSF may be considered for the National Team during the time period between the selection and Deaflympics. The swimmer's times (SWIMS Times) must prove to be faster than any of the swimmers already placed on the National Team, then the selection committee shall consider adding him/her to the roster of the team.

Replacement Procedures

Any swimmer will be withdrawn from the team, if for any reason (including injury or illness) he/she is unable or unwilling to maintain a training regimen that is necessary for his/her peak performance for international competition or does not comply with selection criteria requirements. If an athlete is removed from the team, another appropriate athlete may be placed on the national team; if needed.

Announcement

As swimmers may be invited, by USDS, to begin training and fundraising efforts, the committee shall announce athlete selection procedures during the fall of 2012, and may have additions prior to Summer 2013. This applies that USDS and USADSF announces the final roster of the National Team competing in Deaflympics.

Submittal of Athlete Selection

The committee shall recommend to USADSF the athletes chosen to be on the National Team based on selection procedures developed.

Recording of Athlete Criteria

The committee shall keep on file the athlete criteria for each international competition.

Due Process

All swimmers have a right to obtain due process in accordance with the USADSF by-laws if they feel the selection criteria were not properly followed.



2013 Deaflympic Minimum Qualifying Time for USDS Team Consideration

The below qualification standards must be obtained in the period from 01 July 2011 to 01 July 2013.

Event (LCM)	Men	Women
50m Freestyle	00:25.59	00:28.98
100m Freestyle	00:55.31	01:03.45
200m Freestyle	02:02.37	02:32.37
400m Freestyle	04:26.35	05:11.66
800m Freestyle	---	10:50.73
1500m Freestyle	20:08.27	---
50m Backstroke	00:31.07	00:35.68
100m Backstroke	01:06.60	01:15.99
200m Backstroke	02:30.61	02:42.83
50m Breaststroke	00:34.07	00:43.76
100m Breaststroke	01:15.91	01:36.72
200m Breaststroke	02:50.44	03:30.30
50m Butterfly	00:27.71	00:33.15
100m Butterfly	01:01.55	01:13.69
200m Butterfly	02:35.06	02:58.33
200m Individual medley	02:25.39	02:45.57
400m Individual medley	05:10.48	05:33.66

Chatsworth, CA 91311

USDS

DEAF SWIMMING



USA Deaf Sports Federation Individual Membership Form

Membership Information: Membership requirements of the USA Deaf Sports Federation (USADSF) are established by its House of Delegates (HoD). All individuals who participate in National Sport Organization (NSO) events at local, regional or national levels or become members of their NSO are required to fill out this form, read and sign the *Waiver and Release of Liability* statement on the reverse side of this form, and pay their USADSF Participant Fee. The USADSF membership is good for one year from date of signature on reverse side of this form.

If you participate in more than one sport, you are required to submit a separate USADSF Individual Membership Form and pay the USADSF Participant Fee for each sport.

Please provide all information below and print clearly. Check for accuracy. No nicknames, please.
Information on this form is confidential and for USADSF's internal use only. Thank you!

First Name Initial USADSF Member ID (4 letters)
Last Name Birth date (MM/DD/YY)/...../.....
Maiden Name, if any Gender M / F (circle one)
Street Apt #
City State ZIP+4 -
Phone - Home (.....) - Voice? ☐ Fax - Home (.....) -
Phone - Work (.....) - Voice? ☐ Fax - Work (.....) -
Email Address Do not share my info with 3rd parties: ☐

Please check only one of the following participation classifications you are filling this form out for:

- | | |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> BADMINTON | <input type="checkbox"/> SOCCER: USA Deaf Soccer Assoc. (USADSA) |
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> SWIMMING |
| <input type="checkbox"/> BOWLING | <input type="checkbox"/> TABLE TENNIS |
| <input type="checkbox"/> CYCLING: US Deaf Cycling Assoc. (USDCA) | <input type="checkbox"/> TEAM HANDBALL: USA Deaf Team Handball (USADTH) |
| <input type="checkbox"/> GOLF: US Deaf Golf Association (USDGA) | <input type="checkbox"/> TENNIS |
| <input type="checkbox"/> ICE HOCKEY: American Hearing Impaired Hockey Assoc. (AHIHA) | <input type="checkbox"/> TRACK/FIELD: USA Deaf Track & Field (USADTF) |
| <input type="checkbox"/> MARTIAL ARTS: American Martial Arts Assoc. o/t Deaf (AMAAD) | <input type="checkbox"/> VOLLEYBALL (BEACH & SIXES) |
| <input type="checkbox"/> ORIENTEERING | <input type="checkbox"/> WATER POLO |
| <input type="checkbox"/> SHOOTING: USA Deaf Shooting (USADS) | <input type="checkbox"/> WRESTLING |
| <input type="checkbox"/> SKI/SNOWBOARD: US Deaf Ski & Snowboard Assoc. (USDSSA) | <input type="checkbox"/> YOUTH: Deaf Youth Sports Festival |
| | <input type="checkbox"/> USA TEAM: Deaflympics / International |

If you wish to donate to a specific NSO, please contact the NSO for more information.

*** IMPORTANT NOTICE ***

All members, including non-athletes, as well as parent/guardian of members of minority age must read and understand the ***Waiver and Release of Liability*** statement as explained on the reverse side of this form and sign/date below its statement.



USA Deaf Sports Federation
Notice to Members and Parents/Guardians of Minors

WAIVER and RELEASE of LIABILITY

In consideration of being allowed to participate in any way in the **USA Deaf Sports Federation** athletics/sports program, and related events and activities, I, the undersigned:

1. Agree that prior to participating, I will **INSPECT** the facilities and equipment to be used, and if I believe anything is **UNSAFE**, I will immediately **ADVISE** my coach or supervisor of such condition(s) and **REFUSE TO PARTICIPATE**.
2. Acknowledge and fully understand that I will be engaging in activities that involve **RISK** of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, omissions, or negligence but also the actions, inactions or negligence of others, the application of rules of a particular sport, or the condition of the premises or of any equipment used. Further, I acknowledge that there may be **OTHER RISKS** not known to me or not reasonably foreseeable at this time.
3. Assume all foregoing risks and **ACCEPT PERSONAL RESPONSIBILITY** for the damages following such injury, permanent disability or death.
4. **RELEASE**, waive, discharge and covenant not to sue the USA Deaf Sports Federation, its affiliated teams and organizations, their respective administrators, directors, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, the parents/guardians of minor participants, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and, if applicable, owners, lessors and leases of premises used to conduct the event, all of whom are hereinafter referred to as "Releasees", and **FROM ANY AND ALL LIABILITY** to me, my heirs and next of kin, administrators and assigns for any and all claims, demands, losses or damages on account of injury, including permanent disability and death and damage to property, caused or alleged to be caused in whole or in part by the intentional, reckless, or negligence conduct of the Releasees or otherwise.
5. Agree further that if, despite this Waiver and Release of liability, I and/or my minor child, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and **HOLD HARMLESS** each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.
6. Affirm that I, the participant, am at least 18 years of age, or, if I am under 18 years of age, I have obtained the required consent of my parent/guardian to participate in the stated activities, that they have full knowledge thereof, and that they join me in waiving my rights against the Releasees, as evidence by their signature below.
7. Certify that my participation in the stated activities is voluntary.
8. Agree that the terms of this liability release shall be construed according to the laws of the state of Maryland.

I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I AGREE TO PARTICIPATE KNOWING THE RISK AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL.

.....
Printed Name of Participant Participant's Signature Date of Signature Date of Birth

**A PARENT/GUARDIAN SIGNATURE IS ALSO REQUIRED IF PARTICIPANT IS UNDER THE AGE OF 18:
FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

.....
Printed Name of Parent/Legal Guardian Parent/Guardian's Signature Date of Signature



Founded in 1924

International Committee of Sports for the Deaf

Recognized by the International Olympic Committee

OFFICIAL AUDIOGRAM DATA SHEET

528 Trail Avenue
Frederick, Maryland 21701
UNITED STATES
Fax: +1 301 620 2990
Email: controls@ciss.org

*Required Fields

PLEASE PRINT OR USE TYPEWRITER and send to your National Deaf Sports Federation for review

*Name:

Family Name (Last Name)

Given Name (First Name)

Other Names (Middle Name)

*Nation:

*Sport:

*Date of Birth:

(day / month / year)

*Which event?

☐ Regional Championships

☐ World Championships

☐ Deaflympics

*Gender:

☐ Male

☐ Female

AUDIOGRAM

*Audiometer:

*Examiner Name:

*Calibration:

☐ ANSI 1969 ☐ ISO 1964

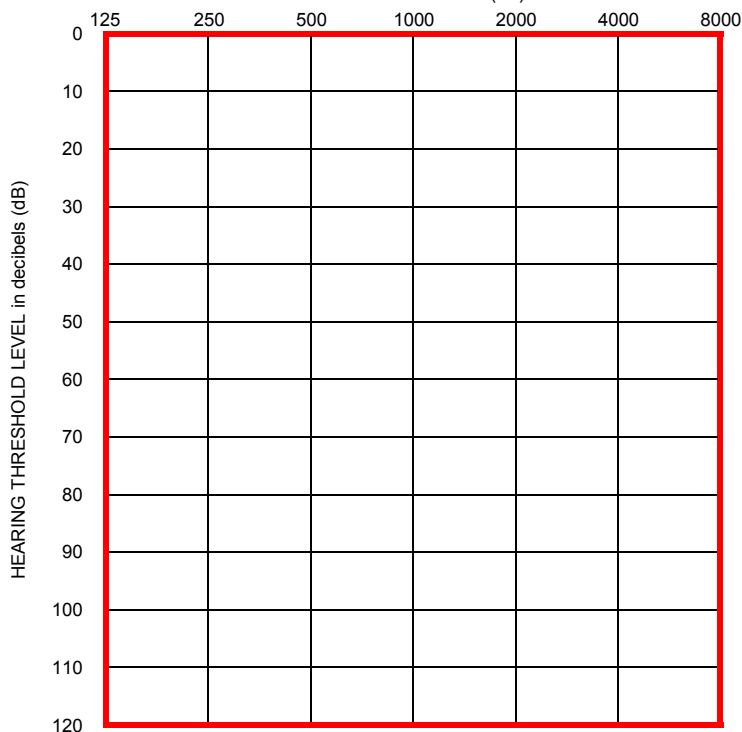
☐ Other:

*Date of Examination:

(day / month / year)

*AIR CONDUCTION & *BONE CONDUCTION

FREQUENCY in hertz (Hz)



*IMPEDANCE TYMPANOMETRY

Ear	Canal Vol.	Peak Comp.	Gradient	Pres. Peak
RIGHT				
LEFT				

*REFLEXOMETRY

Side Equals Probe Ear

	Stim	500	1000	2000	4000
RIGHT					
Ipsi					
Contra					
LEFT					
Stim					
Ipsi					
Contra					

PURE TONE AVERAGE

(500-1000-2000 Hz)

Ear	Air	Bone
RIGHT		
LEFT		

KEY TO SYMBOLS

Ear	Air	Air-masked	Bone	Bone-masked
RIGHT (red)	O	△	<	[
LEFT (blue)	X	□	>]
		No Response	NR	

TYPE OF HEARING LOSS

(Check one for each ear with an "X")

Ear	Sensori-neural	Conductive	Mixed	Cochlear Implant
RIGHT				
LEFT				

ICSD HOME OFFICE USE ONLY

ID: _____

Data Entered By: _____

ICSD Audiologist: _____

COMMENTS:

(In English)

Audiogram Form
Revised: 6 / 2011

www.deaflympics.com/forms/audiogram.pdf

* This field is required and audiogram form must be completed three (3) months before the event.

Notes for the audiologist:

Thank you for using the ICSD audiogram form. Our athletes need to complete this form fully to receive an Identification number to participate in upcoming Championship or Deaflympics events.

In compliance with ICSD audiogram regulations, here is a guideline for you to complete the ICSD audiogram form, as listed below:

1. Official ICSD Audiogram form must be used. The form can be downloaded from www.deaflympics.com/forms/audiogram.pdf
2. All four (4) types of audiogram testing below must be filled out entirely for **EACH** ear including:
 1. **Air Conduction** - Please test on 500, 1000, and 2000Hz.
 2. **Bone Conduction** - Please test on 500, 1000, and 2000Hz.
 3. **Tympanograms** (Tympanometry) - Please write numbers
 4. **Acoustic Reflexes** (Reflexometry) - Please write numbers or NR if there are no responses. Do **not** use dash mark (-) or zero (0).
3. Below yellow box with numbers indicates required fields for you to enter:

1. **Audiometer** - Identify the name of the audiometer.
2. **Examiner Name** - Name of the audiologist who performs the test.
3. **Calibration** - Indicate the name of the calibration used.
4. **Date of Examination** - Enter examination date.
5. **Air Conduction** - Record air testing results. See 2.1 above. If there are no responses in Air Conduction, please write NR as noted in "Key to Symbols".
6. **Bone Conduction** - Record bone testing results. See 2.2 above. If there are no responses in Bone Conduction, please write NR as noted in "Key to Symbols".
7. **Tympanometry** - Record Tympanometry test results. See 2.3 above.
8. **Reflexometry** - Record Reflexometry test results. See 2.4 above.
9. **Pure Tone Average** - Add 500, 1000, 2000Hz and divided by three (3) for both air and bone testing results.
10. **Type of Hearing Loss** - Identify the type of hearing loss by placing 'X' accordingly as shown on the form for respective ear.
11. **Comments** - Please write comments as needed about this athlete. If there are no Tympanogram or reflex equipments to test, please write comments in English.
12. This is for ICSD official uses only, do not write.

The form is titled "International Committee of Sports for the Deaf" and "OFFICIAL AUDIOGRAM DATA SHEET". It includes fields for Name, Date of Birth, Sex, and Sport. The main section is the "AUDIOGRAM" which includes "AIR CONDUCTION & BONE CONDUCTION" (a large grid for frequency vs. hearing level) and "IMPEDANCE TYMPANOMETRY" (a table for Right and Left ears). Below the grid is a "KEY TO SYMBOLS" and a "TYPE OF HEARING LOSS" section. The bottom section is "ICSD HOME OFFICE USE ONLY" which includes a "Data Entered" field and a "Comments" field. Numbered callouts 1-12 are placed on the form to indicate required fields: 1. Audiometer, 2. Examiner Name, 3. Calibration, 4. Date of Examination, 5 & 6. Air and Bone Conduction results, 7. Tympanometry results, 8. Reflexometry results, 9. Pure Tone Average, 10. Type of Hearing Loss, 11. Comments, 12. ICSD Home Office Use Only section.

Failure to observe the requirements will result in delayed approval.

Thank you in advance for your cooperation,
ICSD Staff