

Montgomery YMCA Barracudas'

Winter Classic Invitational

January 11-13, 2008

The meet will be conducted under the auspices of Southeastern Swimming, Inc., of USA Swimming, the rules of which will apply.

Sanctioned by Southeastern Swimming, Inc.

Sanction #: 08SEMYB1-11

Time Trial Sanction #: 08SEMYB1-11TT

HOSTED BY: Montgomery YMCA Barracudas Swim Team

Head Coach: Paul Mielke

www.mybswim.org

334-273-8351

LOCATION: East Family Branch YMCA, 3407 Pelzer Avenue, Montgomery, AL 36109, 334-272-3390

FACILITIES: Indoor 8-lane, 25 yard competition pool, non-turbulent lane lines and fully automatic Colorado electronic timing system and scoreboard with lane/place/time display. Some bleacher and personal chair seating is available on pool deck as well as in the gymnasium. A concession stand will be available. All American Swim Supply will be present. Additional parking is available in back via a small side road to the left of the YMCA.

RULES: Current USA Swimming rules will govern the conduct of the meet unless otherwise noted herein.

OFFICIALS: Meet Director: Alan Burnett

Meet Marshals: Mike Toohey, Rob Marshall
Terry Joye

Referee: TBD

Starters: Anne Young
Todd Ballard

ELIGIBILITY: This is an open meet. All participants must be USA Swimming registered athletes. Entries will not be accepted without 2008 registration numbers. Coaches and officials must present evidence of certification as required by Southeastern Swimming. A swimmer's age on the first day of the meet will determine his or her age for the entire meet.

WARM UP: Southeastern Swimming Meet Safety Guidelines and Warm-up Procedures will be in effect at this meet. The Meet Director will post and announce the warm-up assignments prior to the start of the meet warm-up. Swimmers attending the meet without a coach must report to the Meet Director or Meet Referee to be assigned a coach for warm-up prior to each session. A detailed warm-up schedule will be posted on MYB's web site prior to the meet.

STARTING TIMES:	<u>Warm-up</u>	<u>Competition</u>
Friday	5:00 – 5:45 PM	6:00 PM
Saturday AM:	7:30 – 8:00 AM 8:00 – 8:30 AM	8:45 AM
Sunday AM:	7:30 – 8:00 AM 8:00 – 8:30 AM	8:45 AM

ENTRY LIMITS: Swimmers are limited to 5 individual events and 1 relay per day. Entries are limited to the first 200 swimmers per session. MYB reserves the right to limit the number of heats in deck-seeded events in order to run the meet in the allotted time. Time Trials count toward the daily limit of 5 events per day; event fees are the same for TT. You may have to provide your own timer for TT.

ENTRIES: Teams who have HY-TEK'S Meet/Team Manager should submit their entries on a 3-1/2" disk (please send in COMMLink file format or WIN-MM format). E-mailed HY-TEK entries will be accepted. Entry forms must be completely filled out including the swimmer's best times for yards; times will not be changed because of times made after the entry deadline. **Please provide a written copy of entries for verification purposes.** Teams supplying disks will receive meet results on disk at the conclusion of the meet.

ENTRY ERRORS: If entry error is due to MYB, the swimmer will be deck-entered into an open lane of the heat nearest his/her entry time or into a new heat if needed. The entire event will not be reseeded.

DISABILITIES: Swimmers with disabilities are welcome and must complete the Information Form for Disabled Swimmers and return it with the entries.

DEADLINE: Entry disks and/or printouts, summary/release sheets, and entry fees including surcharges must be received by the Meet Entry Chairman on or before **Wednesday, January 2**. Late entries may be accepted at the discretion of the Meet Entry Chairman on a "lane available" basis and may not appear in the heat sheet. No new heats will be formed to accommodate late entries. Completed entries should be mailed to: Anne Young

3551 Wiley Road
Montgomery, AL 36106
334-270-3398
ayoung@knology.net

FEES: \$4.00 per individual event, \$8.00 per relay; \$3.00 per swimmer SES surcharge; \$2.00 per swimmer facility fee

LATE FEES: \$5.00 per individual event, \$10.00 per relay.

Please make one check payable to: Montgomery YMCA Barracudas (MYB). All entry fees are nonrefundable.

MEET FORMAT: This is a timed finals meet. All events will be pre-seeded except for the 400 IM and the 500 Freestyle, which will be deck-seeded. The Meet Referee reserves the right to combine heats/events in order to meet time constraints as well as take breaks as needed. **Mixed Relay refers to Women only and Men only on the same relay team but swimming during the same heat. The number of lanes used during competition may be reduced from 8 to allow ample recovery time between age groups and to open a warm-up/warm-down lane(s).**

DECK ENTRIES: All deck entries should be submitted to the clerk of course as soon as possible, preferably **30 minutes** prior to the start of the session. No new heats will be formed to accommodate deck entries.

SCRATCHES/PENALTIES: All scratches should be submitted to the Clerk of Course as soon as possible, preferably **30 minutes** prior to the start of the session to provide lanes for possible late entries. A swimmer may scratch a pre-seeded event on the block without penalty. Swimmers or coaches must sign-in with the Clerk of Course for all deck-seeded events; the sign-in deadline is **30 minutes** prior to the start of the session. Any swimmer entered into a deck-seeded event that has checked-in for that event must swim the event unless he/she notifies the Clerk of Course that he/she wishes to scratch before the seeding for that event has begun. **Failure to scratch prior to seeding in a deck-seeded event and not swimming the event will result in the swimmer being barred from the next individual event in which he/she is entered, whether it is that day or the next day.**

SCORING: Points for first through eighth places in individual events will be awarded as follows: 9-7-6-5-4-3-2-1. **All age groups will be scored separately by age groups and gender (Women/Men in 8&U, 9-10, 11-12, 13-14, and 15&O).**

AWARDS: 12 & Under – Awards will be given for Individual Event places 1-8 and Relay places 1-3 for each age group (8&U, 9-10, 11-12) and gender. There will be no Individual Event or Relay awards for 13 & Over.

All age groups and genders – Overall high-point and runner-up awards will be given in each age group and gender.

There will be no team scoring.

COACHES' MEETING: A coaches' meeting will be held 15 minutes prior to the Friday session in the Hospitality Room and on an as-needed basis thereafter. No swimmers will be allowed in the pool during this time.

OFFICIALS' MEETING: Visiting Officials are welcome; please have your USA Swimming registration card and official's certification card displayed on your person. An Officials' meeting will be held 30 minutes prior to each session in the Hospitality Room.

MEET EVALUATIONS: Please send any comments, suggestions, or evaluations concerning the meet to: John Woods, 205 Island Ave., Chattanooga, TN 37405.

	Order of Events	
Women's Event #	Friday PM Events	Men's Event #
1	Mixed 12 & Under 200 IM*	1
2	Mixed 13 & Over 400 IM (P)*	2
3	Mixed 12 & Under 500 Free (P)*	3
4	Mixed 13 & Over 500 Free (P)*	4

(P) Positive check-in required 30 minutes before the start of the session

*Will be swum fastest to slowest

All events will be scored separately by age groups and gender (Women/Men in 8&U, 9-10, 11-12, 13-14, and 15&O).

Women's Event #	Saturday Events	Men's Event #
5	Mixed 12 & Under 100 IM	5
6	Mixed 13 & Over 200 IM	6
7	Mixed 8 & Under 50 Breast	7
8	Mixed 12 & Under 100 Breast	8
9	Mixed 13 & Over 200 Breast	9
10	Mixed 8 & Under 25 Free	10
11	Mixed 12 & Under 200 Free	11
12	Mixed 13 & Over 100 Free	12
13	Mixed 8 & Under 50 Fly	13
14	Mixed 12 & Under 100 Fly	14
15	Mixed 13 & Over 200 Fly	15
16	Mixed 8 & Under 25 Back	16
17	Mixed 12 & Under 50 Back	17
18	Mixed 13 & Over 100 Back	18
19	Mixed 8 & Under 100 Medley Relay	19
20	Mixed 9-10 200 Medley Relay	20
21	Mixed 11-12 200 Medley Relay	21
22	Mixed 13-14 200 Medley Relay	22
23	Mixed Senior 200 Medley Relay	23
	Sunday Events	
24	Mixed 8 & Under 25 Breast	24
25	Mixed 12 & Under 50 Breast	25
26	Mixed 13 & Over 100 Breast	26
27	Mixed 8 & Under 50 Free	27
28	Mixed 12 & Under 50 Free	28
29	Mixed 13 & Over 200 Free	29
30	Mixed 8 & Under 25 Fly	30
31	Mixed 12 & Under 50 Fly	31
32	Mixed 13 & Over 100 Fly	32
33	Mixed 8 & Under 100 Free	33
34	Mixed 12 & Under 100 Free	34
35	Mixed 13 & Over 50 Free	35
36	Mixed 8 & Under 50 Back	36
37	Mixed 12 & Under 100 Back	37
38	Mixed 13 & Over 200 Back	38
39	Mixed 8 & Under 100 Free Relay	39
40	Mixed 9-10 200 Free Relay	40
41	Mixed 11-12 200 Free Relay	41
42	Mixed 13-14 200 Free Relay	42
43	Mixed Senior 200 Free Relay	43

All events will be scored separately by age groups and gender (Women/Men in 8&U, 9-10, 11-12, 13-14, and 15&O).

Mixed Relay refers to Women only and Men only on the same relay team but swimming during the same heat.

2007-2008 WAIVER, ACKNOWLEDGMENT, AND LIABILITY RELEASE:

I, the undersigned coach or team representative, verify that all of the **swimmers** and **coaches** listed on the enclosed entry form/team information are registered and entered into the meet in accordance and subject to USA Swimming Rules and Regulation:

501.7

.1 All Clubs, including seasonal clubs, shall ensure that all athletes and coaches participating in USA Swimming sanctioned competition(S) are members of their LSC and USA Swimming.

.2 All coaches of USA Swimming clubs, including seasonal clubs, shall join USA Swimming as coach members and shall satisfactorily complete safety training required by USA Swimming.

And as

302.4 False Registration – A host LSC may impose a fine up to \$100.00 per event against a member coach or a member club submitting a meet entry which indicates a swimmer is registered with USA Swimming when that swimmer or the listed club is not **properly** registered.

I also acknowledge that I am familiar with the rules of USA Swimming and Southeastern Swimming, Inc., regarding warm-up procedures and meet safety guidelines and that I shall be responsible for the compliance of my team's swimmers with those rules during this meet. The Montgomery YMCA, the East Family Branch YMCA, the Montgomery YMCA Barracudas, Southeastern Swimming, Inc., and USA Swimming, their agents, officers, representatives, employees, and coaches shall be free from any liability or claim for damages for any and all injuries, illnesses, or damage to valuables which may be sustained at this meet or while in transit to and from this meet. I also acknowledge that by entering this meet, I am granting permission for the names of any or all of my team's swimmers to be published on the internet in the form of Psych Sheets, Meet Results, or any other documents associated with the running of this meet.

I

SIGNATURE OF COACH OR CLUB OFFICIAL:	
CLUB:	
TITLE:	DATE:

TEAM INFORMATION

CLUB NAME:		INITIALS:	
ADDRESS:			
LSC:		HEAD COACH:	
CONTACT PERSON:		PHONE NUMBER:	
FAX NUMBER:		CELL PHONE:	EMAIL:
COACHES ATTENDING:	NAME		COACHES CARD EXPIRATION DATE
	1.		
	2.		
	3.		
CERTIFIED OFFICIALS WHO MAY WISH TO WORK:	1.		
	2.		
	3.		
	4.		
NUMBER OF SWIMMERS ENTERED:		ATTACHED:	
		UNATTACHED:	
		TOTAL:	

SUMMARY OF FEES

NUMBER OF SWIMMERS:		X \$3.00 SES SURCHARGE	=	
NUMBER OF IND. EVENTS:		X \$4.00 PER EVENT ENTRY FEE	=	
NUMBER OF RELAYS:		X \$8.00 PER RELAY ENTRY FEE	=	
NUMBER OF SWIMMERS:		X \$2.00 FACILITY FEE	=	
TOTAL DUE:				

Southeastern Swimming Information Form for Disabled Swimmers

NAME:		AGE:	DATE OF BIRTH:		
ADDRESS:			PHONE NUMBER:		
EVENTS ENTERED:					
EVENT:	NO.	EVENT:	NO.		
EVENT:	NO.	EVENT:	NO.		
EVENT:	NO.	EVENT:	NO.		
DESCRIBE TYPE AND EXTENT OF DISABILITY (Be specific; e.g. totally or partially blind or deaf; loss of limbs, multiple disabilities):					
THE FOLLOWING PERSONS WILL ACCOMPANY THE SWIMMER FOR ANY NEEDED ASSISTANCE:		NAME:			
		NAME:			
SEIZURES?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	ARE YOU ON MEDICATION?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	MEDICATION/DOSE:	
MEDICATION/DOSE:		MEDICATION/DOSE:		MEDICATION/DOSE:	
PARENT OR GUARDIAN'S NAME:			PHONE NUMBER:		
PARENT OR GUARDIAN'S SIGNATURE:		ATHLETE'S SIGNATURE:			
PHYSICIAN'S NAME:			PHONE NUMBER:		
PHYSICIAN'S ADDRESS:					
I HAVE EXAMINED THE ABOVE ENTRANT AND, IN MY OPINION, THERE IS NO MENTAL OR PHYSICAL REASON WHY HE OR SHE SHOULD NOT PARTICIPATE IN USA SWIMMING COMPETITION.					
PHYSICIAN'S SIGNATURE:			DATE:		