

Scenic City Winter Invitational January 30 & 31, 2010

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

SES SANCTION #: 10SESCAC1-10

HOST CLUB: The Scenic City Aquatic Club and the McCallie School

LOCATION: The McCallie School Sports Complex
500 Dodds Ave.
Chattanooga, TN 37404

FACILITIES: 11 lane 25 yard pool. 10 lanes for competition. Non-turbulent lane ropes. Minimum depth 4 feet. Maximum depth 14 feet. Balcony seating for 500. Rest area for swimmers with concession stand and swim shop.

MEET SCHEDULE: Saturday and Sunday Warm-ups 9:00 AM, Competition 10:00 AM

ELIGIBILITY: All swimmers must be registered with United States Swimming, Inc. and registration numbers must be listed on the entry form. **No entries will be accepted without current and valid registration numbers.**

RULES: 2010 USA Swimming Rules will govern the meet.

MEET FORMAT: All Events will be Timed Finals. Age groups are: 8 & U, 10 & U, 11-12, and Senior.

A swimmer's age on the first day of the meet determines the age group for the entire meet.

All events will be pre-seeded except for the 400 IM & 500 Freestyle, which will be deck seeded. Positive check-in with the Clerk of Course for all deck-seeded events is required in order to swim.

Failure to check-in with the Clerk of Course by the deadline will scratch the swimmer. The positive check-in deadline will be 30 minutes after the start of the afternoon session.

PROCEDURE FOR POSITIVE CHECK-IN OR SCRATCHING. Only the swimmer or his/her coach may check-in or scratch a swimmer. **If swimming an event**, the swimmer or his/her coach shall circle the name of the swimmer and place their initials next to the swimmer's name. **If scratching the event**, the swimmer or coach shall line through the swimmer's name and place their initials next to the swimmer's name.

DEADLINES FOR CHECK-IN: 30 minutes after the start of the start of the session.

SCRATCH PENALTIES FOR DECK-SEEDED EVENTS: Any swimmer failing to swim an event after a positive check-in will result in the swimmer being barred from his/her next individual event.

RELAY CHECK-IN - Relay cards will be distributed in the coach's packets. Cards must list the relay swimmers in order and turned in at the block. Scratches should be turned into the meet referee one hour before the relay event.

ENTRIES: A swimmer may swim ***five individual events per day.***

Acceptable entries must be legible and complete. Enter Short course yards times or "NT" for no time. Entry forms must include the swimmer's first and last name, age, USS registration number and the yard times for each individual event entered. Relay times should be listed for each entered relay. ***All potential relay participants must be entered in the meet by the start of the session the relay is participating.***

Teams who have HYTEK'S TEAM MANAGER should submit their entries on a CD. Disk with results will be returned at the end of the meet. Also provide hard copy printout for proof reading.

FEES: \$4.00 per swimmer per individual event
\$8.00 per relay
\$3.00 per swimmer Southeastern LSC surcharge
\$5.00 per swimmer out of Southeastern LSC surcharge

DEADLINE: All entries must be received by Wednesday January 20, 2010. Checks should be payable to the **Scenic City Aquatic Club**.

LATE ENTRIES: Late entries will be accepted on an available lane at the discretion of the meet entry chairman. No new heats will be formed after the meet has been seeded. Coaches must make out entry cards for late entries at the meet. Late entered Relays will be given a "No Time" seeding. Accepted late entries will be charged \$5.00 per individual event and \$10.00 per relay.

Mail entries to **John Woods**
205 Island Ave.
Chattanooga, TN 37405
Email - rdahlke1@bellsouth.net

WAIVER AND RELEASE: By entering the meet, each swimmer, the swimmer's club, and the swimmer's coach waive, release and relinquish any claim, demand, or cause of action they have or may have against the Scenic City Aquatic Club, The McCallie School, Southeastern Swimming, Inc. or United States Swimming, Inc. for any injury or damage to person or property arising out of or in any way related to the competition or occurring in the swimming venue. Each such swimmer, club and coach agrees not to assert any claim or seek compensation or damages of any kind or nature from or against the Scenic City Aquatic Club, The McCallie School or United States Swimming, Inc. A club official must complete and sign the waiver form included with this entry information.

SAFETY: in the interest of safety, coaches, swimmers and spectators are asked to observe all posted pool rules and conduct themselves in a prudent manner. **Southeastern Swimming Safety Guidelines and Warm-up Procedures will be in effect.**

SCORING: There will be no team scoring for this event

AWARDS: Ribbons will be given for 1st-8th place for individual events and 1st-4th for relays in 12 and under events.

Coaches and Officials: Please display your current certification cards at all times on the deck.

OFFICIALS:

Meet Referee: Elliot Peigen
Head Starter: Mark Arnold
Stroke and Turn Robin Garagusa, Cecelia Wigal, Donna Bryant
Meet Marshall: Stan Corcoran

CONTACTS:

Meet Director: Cathy Forsthoffer Forsthof@yahoo.com

EVALUATION: Any specific problems or concerns about the meet that are not resolved during the meet or to your satisfaction should be communicated in writing immediately to the chairperson of Southeastern Swimming.

John Woods
205 Island Ave.
Chattanooga, TN 37405

Scenic City Winter Invitational

Order of Events

Saturday, January 30, 2010

Warm-ups @ 9:00 AM Meet starts @ 10:00 AM

| <u>Girls</u> | <u>Event</u> | <u>Boys</u> |
|------------------------|----------------------------|-------------|
| 1 | Senior 200 Freestyle | 2 |
| 3 | 11-12 200 Freestyle | 4 |
| 5 | 10 & U 200 Freestyle | 6 |
| 7 | 8 & U 100 Freestyle | 8 |
| 9 | Senior 100 Butterfly | 10 |
| 11 | 11-12 50 Butterfly | 12 |
| 13 | 10 & U 50 Butterfly | 14 |
| 15 | 8 & U 25 Butterfly | 16 |
| 17 | Senior 200 Breaststroke | 18 |
| 19 | 11-12 100 Breaststroke | 20 |
| 21 | 10 & U 100 Breaststroke | 22 |
| 23 | 8 & U 50 Breaststroke | 24 |
| 25 | Senior 100 Freestyle | 26 |
| 27 | 11-12 100 Freestyle | 28 |
| 29 | 10 & U 100 Freestyle | 30 |
| 31 | 8 & U 50 Freestyle | 32 |
| 33 | Senior 200 Backstroke | 34 |
| 35 | 11-12 100 Backstroke | 36 |
| 37 | 10 & U 100 Backstroke | 38 |
| 39 | 8 & U 50 Backstroke | 40 |
| 41 | 11-12 200 IM | 42 |
| 43 | 10 & U 200 IM | 44 |
| 45 | Senior 200 Freestyle Relay | 46 |
| 47 | 11-12 200 Freestyle Relay | 48 |
| 49 | 10 & U 200 Freestyle Relay | 50 |
| 51 | 8 & U 100 Freestyle Relay | 52 |
| 10 Minute Break | | |
| 53 | Senior 400 IM | 54 |

Sunday, January 31, 2010
Warm-ups @ 9:00 AM Meet starts @ 10:00 AM

| <u>Girls</u> | <u>Event</u> | <u>Boys</u> |
|------------------------|-------------------------|-------------|
| 55 | Senior 100 Backstroke | 56 |
| 57 | 11-12 50 Backstroke | 58 |
| 59 | 10 & U 50 Backstroke | 60 |
| 61 | 8 & U 25 Backstroke | 62 |
| 63 | Senior 200 Butterfly | 64 |
| 65 | 11-12 100 Butterfly | 66 |
| 67 | 10 & U 100 Butterfly | 68 |
| 69 | 8 & U 50 Butterfly | 70 |
| 71 | Senior 50 Freestyle | 72 |
| 73 | 11-12 50 Freestyle | 74 |
| 75 | 10 & U 50 Freestyle | 76 |
| 77 | 8 & U 25 Freestyle | 78 |
| 79 | Senior 100 Breaststroke | 80 |
| 81 | 11-12 50 Breaststroke | 82 |
| 83 | 10 & U 50 Breaststroke | 84 |
| 85 | 8 & U 25 Breaststroke | 86 |
| 87 | Senior 200 IM | 88 |
| 89 | 11-12 100 IM | 90 |
| 91 | 10 & U 100 IM | 92 |
| 93 | 8 & U 100 IM | 94 |
| 95 | Senior 200 Medley Relay | 96 |
| 97 | 11-12 200 Medley Relay | 98 |
| 99 | 10 & U 200 Medley Relay | 100 |
| 101 | 8 & U 100 Medley Relay | 102 |
| 10 Minute Break | | |
| 103 | Senior 500 Freestyle | 104 |

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CLUB _____ INITIALS _____

ADDRESS _____

CONTACT PERSON _____

PHONE NO. _____

E-mail _____

COACHES

ATTENDING: _____

NUMBER OF SWIMMERS ENTERED _____

UNATTACHED _____

SOUTHEASTERN SURCHARGE @ \$3.00 EACH _____

OUT OF SOUTHEASTERN LSC SURCHARGE \$5.00 EACH _____

AMOUNT OF EVENT CHARGES @ \$4.00 EACH _____

AMOUNT OF RELAY CHARGES @ \$8.00 EACH _____

TOTAL ENTRY FEE CHARGE _____

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 are registered with USA Swimming. 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. Scenic City Aquatic Club and the McCallie School, 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.

Signature of coach or club official:

Club: _____

Date: _____

Title: _____

**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: | |