

PENSACOLA HARVEST CLASSIC

September 12-13, 2009

Co-Hosted By: Pensacola Navy Youth Swimmin' and SeaStars

Sanction: Southeastern Swimming, Inc. of USS # SEPNY912

Location: CID Corry Station, Chief's Way, Pensacola, FL 32506

Facility: 25 Meter, 6 lane pool, with non-turbulence lane lines

Rules: 2009 USS rules will govern the conduct of the meet unless otherwise noted herein.

Safety: Southeastern Swimming Safety Guidelines and warm-up Procedures will be in effect.

Timing: 3 watches per lane

Times: Saturday, September 12, 2009

Session One: (TIMES MAY CHANGE BASED ON ENTRIES TO A LATER TIME – NO SENSE IN GETTING UP EARLY IF WE DON'T HAVE TO!!)

Warm-up 7:30-8:30

Competition 8:45

Session Two: Warm-up immediately after Session One

Competition not before 12:45pm.

Sunday, September 13, 2009

Session Three (TIMES MAY CHANGE BASED ON ENTRIES TO A LATER TIME – NO SENSE IN GETTING UP EARLY IF WE DON'T HAVE TO!!)

Warm-up 7:00-8:00*

Competition 8:15

Session Four Warm-up immediately following Session Three

Competition not before 12:45 pm.

Awards: Medals for individual events: 1st thru 3rd

Ribbons for individual events: 4th thru 6th

Ribbons for relays: 1st thru 3rd.

Quality awards for High Point and High Point runner-up in each individual age group.

Team trophies for top 3 teams.

Please pick up all awards before leaving the meet - no awards will be mailed.

Eligibility: All swimmers must be USS registered athletes. Entries will NOT be accepted without USS numbers. Coaches and officials must present evidence of certification as required by Southeastern Swimming. If a swimmer attends the meet without a coach, he/she must have a parent/supervisor who is a member of USS and named on the entry form. Such swimmers must report to the meet director to be assigned a coach for warm-up prior to each session.

Entry Limit: Meet will be limited to the first 150 entries per session received. Each swimmer may enter 5 individual events and two relays per day.

Entry Deadline: September 4, 2009 Entry disks and/or printouts, summary/release sheets, and entry fees including surcharges must be received by the Entries Chairman on or before Friday, Sept 4, 2009. **Late entries** will be accepted for available lanes only until Sunday, September 13, 2009, until 1:00 PM. No new heats will be formed.

Entry Fee: \$3.00 per swimmer per individual event
\$3.00 surcharge per swimmer
\$4.00 LATE FEE per swimmer per event
\$8.00 per relay event
\$10.00 LATE FEE per relay event
\$5.00 Out of LSC Surcharge
Make checks payable to ADG-PNY, Inc.

Entry Forms: Entries accepted must have USS numbers listed for each swimmer, a check for fees enclosed, and a signed athlete's release and completed recap sheet. The Hy-Tek Meet Manager software will be used. Clubs who have this system are encouraged to send their entries on diskette with accompanying master list, or by e-mail to Coach.Trey@PNYSwimTeam.org. Clubs desiring the final results on diskette should bring a formatted IBM compatible diskette to the computer room.

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

Mail Entries To: Trey Balog
401 North 57th Avenue
Pensacola, FL 32506
850-554-0625 (c)
Coach.Trey@PNYSwimTeam.org

Officials:	Safety Marshall:	Jorge Jose
	Meet Referee:	Michael Balog
	Starter:	Ralph Roetzer
	Meet Director:	Trey Balog

Concession: Breakfasts, lunches, snacks, fruit and drinks will be available throughout the day.

For More Information: Trey Balog (850)554-0625 cell
Coach.Trey@PNYSwimTeam.org

Evaluation: John Woods
205 Island Ave
Chattanooga, TN 37405

**Southeastern Swimming
Information Form for Disabled Swimmers**

2008-09 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 The United States Government, NTTCC Corry Station, NAS Pensacola, the Aquatic Development Group, Inc., the Pensacola Navy Youth Swim Team, SEASTARS Aquatics Swim Team, the Hunter Pool and municipality of Pensacola, 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 expressly agree to waive claim as condition of being allowed to enter 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.

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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.		
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 SWIMMERS:		X \$5.00 out of SES LSC SURCHARGE	=	
NUMBER OF IND. EVENTS:		X \$3.00 PER EVENT ENTRY FEE	=	
NUMBER OF RELAYS:		X \$8.00 PER RELAY ENTRY FEE	=	
TOTAL DUE:				

Times should be in SHORT COURSE YARDS

Please duplicate as needed

		EVENT #	EVENT NAME	BEST TIME	EVENT #	EVENT NAME	BEST TIME
NAME OF SWIMMER							
USS REGISTRATION NO.							
DATE OF BIRTH	SEX						
NAME OF SWIMMER							
USS REGISTRATION NO.							
DATE OF BIRTH	SEX						
NAME OF SWIMMER							
USS REGISTRATION NO.							
DATE OF BIRTH	SEX						
NAME OF SWIMMER							
USS REGISTRATION NO.							
DATE OF BIRTH	SEX						
NAME OF SWIMMER							
USS REGISTRATION NO.							
DATE OF BIRTH	SEX						

PENSACOLA HARVEST CLASSIC
September 12-13, 2009
Held at Corry Station Pool in Pensacola, FL

Saturday AM: Warmups begin at 7:30 AM (1/2 hour sessions). Competition begins at 8:45

Saturday PM: Warmups begins immediately after AM Session. Competition will not begin before 12:45. Senior events and 13-14 events may be seeded together but will be scored separately.

GIRLS	AGE GROUP	EVENT	BOYS	GIRLS	AGE GROUP	EVENT	BOYS
1	8 & Under	100 Medley Relay	2	25	11-12	200 Medley Relay	26
3	10 & Under	200 Medley Relay	4	27	13-14	200 Medley Relay	28
5	8 & Under	100 IM	6	29	Senior	200 Medley Relay	30
7	10 & Under	100 IM	8	31	11-12	100 IM	32
9	8 & Under	50 Backstroke	10	33	13-14	200 IM	34
11	10 & Under	100 Backstroke	12	35	Senior	200 IM	36
13	8 & Under	50 Freestyle	14	37	11-12	100 Backstroke	38
15	10 & Under	100 Freestyle	16	39	13-14	200 Backstroke	40
17	8 & Under	25 Breaststroke	18	41	Senior	200 Backstroke	42
19	10 & Under	50 Breaststroke	20	43	11-12	200 Freestyle	44
21	8 & Under	25 Butterfly	22	45	13-14	200 Freestyle	46
23	10 & Under	50 Butterfly	24	47	Senior	200 Freestyle	48
				49	11-12	50 Breaststroke	50
				51	13-14	100 Breaststroke	52
				53	Senior	100 Breaststroke	54
				55	11-12	50 Butterfly	56
				57	13-14	100 Butterfly	58
				59	Senior	100 Butterfly	60

PLEASE NOTE SUNDAY WARMUPS START 1/2 HOUR EARLIER

Sunday AM: Warmups begin at 7:00 AM (1/2 hour sessions). Competition begins at 8:15

Sunday PM: Warmups begins immediately after AM Session. Competition will not begin before 12:45. Senior events and 13-14 events may be seeded together but will be scored separately.

GIRLS	AGE GROUP	EVENT	BOYS	GIRLS	AGE GROUP	EVENT	BOYS
61	10 & Under	100 Freestyle Relay	62	87	11-12	200 Freestyle Relay	88
63	8 & Under	200 Freestyle Relay	64	89	13-14	200 Freestyle Relay	90
65	10 & Under	200 IM	66	91	Senior	200 Freestyle Relay	92
67	8 & Under	25 Freestyle	68	93	11-12	200 IM	94
69	10 & Under	50 Freestyle	70	95	13-14	400 IM	96
71	8 & Under	25 Backstroke	72	97	Senior	400 IM	98
73	10 & Under	50 Backstroke	74	99	11-12	50 Freestyle	100
75	8 & Under	50 Butterfly	76	101	13-14	50 Freestyle	102
77	10 & Under	100 Butterfly	78	103	Senior	50 Freestyle	104
79	8 & Under	50 Breaststroke	80	105	11-12	50 Backstroke	106
81	10 & Under	100 Breaststroke	82	107	13-14	100 Backstroke	108
83	8 & Under	100 Freestyle	84	109	Senior	100 Backstroke	110
85	10 & Under	200 Freestyle	86	111	11-12	100 Butterfly	112
				113	13-14	200 Butterfly	114
				115	Senior	200 Butterfly	116
				117	11-12	100 Breaststroke	118
				119	13-14	200 Breaststroke	120
				121	Senior	200 Breaststroke	122
				123	11-12	100 Freestyle	124
				125	13-14	100 Freestyle	126
				127	Senior	100 Freestyle	128

1 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.

Type of disability (describe): _____

Extent of disability (Be specific, e.g., totally or partially blind, totally or partially deaf, loss of one or more limbs, multiple disabilities etc.): _____

The following persons will accompany the swimmer for any needed assistance:

Seizures? Yes _____ **No** _____ **Are You on Medication? Yes** _____

Type of Medication	Dose

Parent or Guardian's Name: _____ **Phone No.:** _____

Parent or Guardian's Signature: _____

Athlete's Signature: _____

Physician's Name: _____ **Phone No.:** _____

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.

Physicians Signature: _____ **Date:** _____