

SPRINT PENTATHLON

May 16, 2009

Hosted by Pensacola Navy Youth Swim Team

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

Sanctioned by Southeastern Swimming, Inc.

SANCTION #: 09SEPNY5-16

Course : SCM

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

FACILITIES: 6-lane, 25-meter outdoor competition pool with non-turbulent lane lines and hand held watches. Starting end is at a 5ft. depth. Deck space for swimmers and spectators. Bring your own chairs. Concession will be provided.

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

OFFICIALS: Meet Director: Trey Balog Referee: Michael Balog
850-554-0625
Meet Marshall: Trey Balog Starter: Ralph Roetzer

ELIGIBILITY: All participants must be USA Swimming registered athletes. Entries will not be accepted without 2009 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. 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.

WARMUP: **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 Referee to be assigned a coach for warm-up prior to each session. Warm-up begins at 0830, meet begins at 0945.

ENTRIES: Teams who have HYTEK'S Meet/Team Manager should submit their entries on a 3-1/2" disk. E-mailed HYTEK entries will be accepted. Entry forms must be completely filled out including the swimmers' best times for **yards** (They will be converted automatically for scm for the heat sheet). Please provide a written copy of entries for verification purposes. Disks with results will be returned at the end of the meet.

LIMITS: Meet will be limited to the first 150 entries received. Swimmer must enter all five events to be eligible for plaque awards, but all swimmers will receive certificates regardless of the number of events entered.

FEES: \$3.00 per event. \$3.00 Southeastern surcharge per swimmer. \$5 surcharge for swimmers outside SE LMSC.

Late entries Late entries will be accepted for available lanes only until the start of the meet Saturday morning. Late entries are \$3.00 per event.

DEADLINE: Entry disks and/or printouts, summary/release sheets, and entry fees including surcharges must be received by the Entries Chairman on or before Thursday, May 7, 2009. No new heats will be formed at any time.

Completed entries should be mailed to:
Trey Balog
401 North 57th Avenue
Pensacola, FL 32506
850-554-0625
or e-mailed to coach.trey@pnyswimteam.org

Please make checks payable to: ADG-PNY Inc. All entry fees are nonrefundable.

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

AWARDS: Plaques for top 3 swimmers in each age division if more than 60 individuals entered in the meet, otherwise ribbons will be awarded. Regardless of the number of swimmers in the meet, certificates for each swimmer entered. Please pick up all awards before leaving!! Scoring is by cumulative best times in the five events. No awards will be mailed.

MEET EVALUATIONS:

Please send any comments, suggestions, or evaluations concerning the meet to:

John Woods
205 Island Ave
Chattanooga, TN 37405

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:** _____

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.

501.7.2 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.

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 United States Government, NTTCC Corry Station, NAS Pensacola, the Aquatic Development Group, Inc., the Pensacola Navy Youth Swim Team, 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. We _____ expressly agree to waive claim as condition of being allowed to enter this meet.

Signature of coach or club official _____

CLUB _____

Date: _____ Title: _____

Team Information

Team Name: _____ Initials: _____

Email Address: _____ LSC: _____ Coach: _____
Address: _____

Phone: (W) _____ (H) _____

Person to contact for questions on entry: _____

Phone: (W) _____
(H) _____

Certified Officials who may wish to work:

1. _____ 2. _____
3. _____ 4. _____

Entry Recap

Total Number of Swimmer Surcharges (SE)	_____ x \$3.00=	\$ _____
Total Number of Swimmer Surcharges (Non-SE)	_____ x \$5.00=	\$ _____
Total Number of Individual Events Entered	_____ x \$3.00=	\$ _____
Total Amount Enclosed		\$ _____

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Warm-up begins at 0830, meet begins at 0945.

Please Note: Swimmers will be seeded together but awarded separately in the following age groups: 8&U, 10&U, 11-12, 13-14, Senior. Awards will be based on best times achieved.

Girls E #	Age Group	Event	Boys E #
1	12 & Under	100 Ind. Med	2
3	13 & Up	200 Ind. Med	4
5	8 & Under	25 Back	6
7	12 & Under	50 Back	8
9	13 & Up	100 Back	10
11	8 & Under	25 Breast	12
13	12 & Under	50 Breast	14
15	13 & Up	100 Breast	16
17	8 & Under	25 Fly	18
19	12 & Under	50 Fly	20
21	13 & Up	100 Fly	22
23	8 & Under	25 Free	24
25	12 & Under	50 Free	26
27	13 & Up	100 Free	28

