

Bartlett Xtreme Swim Team
2009 Winter Invitational
December 18-20, 2009

- LOCATION:** Bartlett Recreation Center
7700 Flaherty Place
Bartlett, TN 38133
901-385-6470
- SANCTION:** Southeastern Swimming, Inc. # pending
- ELIGIBILITY:** USA Swimming registered athletes. Entries will not be accepted without 2009 registration numbers. The person responsible for entering an unregistered swimmer will be subject to a fine of up to \$100 per event. 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.
- MEET REFEREE:** Brian Chappell
- MEET DIRECTOR:** Debbie Moore, 901-828-6782; debmoore4@comcast.net
- RULES:** 2009 USA Swimming rules will govern the meet. Southeastern Swimming Meet Safety Guidelines and Warm-up Procedures will be in effect at this meet. Swimsuits worn for all 12 & under age group defined competition shall not cover the neck, extend past the shoulder, or past the knee.
- FACILITY:** Indoor, 8-lane, 25 yard competition pool with non-turbulent lane lines and fully automatic Colorado electronic timing system and scoreboard with 8 lane display. Pool depth at the starting end for races 50 yards and above is 4 feet deep. A viewing gallery in the pool area is available for parents and spectators.
- MEET FORMAT:** All events will be conducted in short course yards and will be swum as timed finals. Events will be swum in either 6 or 8 lanes. If 8 lanes are used, breaks will be scheduled for warm-up/cool-down. All swimmers will report directly to the blocks, except for 8 & Under swimmers who will report to the Clerk of Course. All events will be pre-seeded except for the 500 and 1650 freestyle events. Positive check-in is required for these events. The 500 and 1650 freestyles will swim fastest to slowest, alternating one heat of girls followed by one heat of boys. The host team reserves the right to limit the number of heats in the 500 freestyle in order to run the meet in the allotted time.

LIMITS: Swimmers are limited to 5 individual events per day, plus relays.

AWARDS: Individual ribbons 1st through 8th place. Open events will be awarded as 13-14 and Senior.

SCORING: This meet will not be scored.

STARTING TIMES:	<u>Warm-up</u>	<u>Competition</u>
Friday PM	5:00 PM	6:00 PM
Saturday AM	7:30 -8:50 AM	9:00 AM
Sunday AM	7:30 -8:50 AM	9:00 AM

FEES: \$4.00 per individual event. \$8.00 per relay. \$3.00 Southeastern surcharge.(Southeastern Swimmers only) \$5.00 surcharge for out of LSC swimmers. Make checks payable to **Bartlett Recreation Center**.

ENTRIES: Entries via Hy-Tek TM preferred. Please e-mail a hard copy for verification. Send entries to Debbie Moore
debmoore4@comcast.net
or
rfadgen@cityofbartlett.org

DEADLINE: Entries must be received by Thursday, December 10, 2009.

LATE ENTRIES: Late entries will be accepted on a lane-available basis. No new heats will be created.

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

AMMENITIES: Hospitality services will be provided for coaches and officials. A first aid station will be located on the pool deck. Concessions will be available.

RESULTS: Results will be e-mailed.

MEET EVALUATION:

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

Friday, December 18, 2009

Warm-up 5:00 PM

Meet Begins 6:00 PM

Timed Finals

Girl's events

1

Open 400 IM

3

12 & Under 200 IM

5

Open 1650 Freestyle

Boy's events

2

4

6

Saturday, December 19, 2009

Warm-up 7:30 AM

Meet Begins 9:00 AM

7

Open 200 Breaststroke

8

9

11-12 100 Breaststroke

10

11

9-10 100 Breaststroke

12

13

8 & Under 50 Breaststroke

14

15

Open 50 Freestyle

16

17

11-12 50 Freestyle

18

19

9-10 50 Freestyle

20

21

8 & Under 50 Freestyle

22

23

Open 200 Backstroke

24

25

11-12 100 Backstroke

26

27

9-10 100 Backstroke

28

29

8 & Under 25 Backstroke

30

31

Open 100 Butterfly

32

33

11-12 50 Butterfly

34

35

9-10 50 Butterfly

36

37

8 & Under 25 Butterfly

38

39

Open 400 Freestyle Relay

40

41

12 & Under 200 Freestyle Relay

42

43

10 & Under 100 Freestyle Relay

44

45

8 & Under 100 Freestyle Relay

46

10 Minute Break

47

Open 500 Freestyle

48

Sunday, December 20, 2009

Warm-up 7:30 AM

Meet Begins 9:00 AM

49	Senior 200 IM	50
51	11-12 100 IM	52
53	9-10 100 IM	54
55	8 & Under 100 IM	56
57	Open 100 Freestyle	58
59	11-12 100 Freestyle	60
61	9-10 100 Freestyle	62
63	8 & Under 25 Freestyle	64
65	Open 100 Backstroke	66
67	11-12 50 Backstroke	68
69	9-10 50 Backstroke	70
71	8 & Under 50 Backstroke	72
73	Open 100 Breaststroke	74
75	11-12 50 Breaststroke	76
77	9-10 50 Breaststroke	78
79	8 & Under 25 Breaststroke	80
81	Open 200 Butterfly	82
83	11-12 100 Butterfly	84
85	9-10 100 Butterfly	86
87	8 & Under 50 Butterfly	88
89	Open 200 Freestyle	90
91	12 & Under 200 Freestyle	92
93	8 & Under 100 Freestyle	94
95	Open 400 Medley Relay	96
97	12 & Under 200 Medley Relay	98
99	10 & Under 100 Medley Relay	100
101	8 & Under 100 Medley Relay	102

2009-10 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 Bartlett Xtreme Swim Team of Bartlett, TN, 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

<u>CLUB NAME:</u>	<u>INITIALS:</u>
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<u>ADDRESS:</u>

<u>LSC:</u>	<u>HEAD COACH:</u>
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<u>CONTACT PERSON:</u>	<u>PHONE NUMBER:</u>
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<u>FAX NUMBER:</u>	<u>CELL PHONE:</u>	<u>EMAIL:</u>
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<u>COACHES ATTENDING:</u>	<u>NAME</u>	<u>COACHES CARD EXPIRATION DATE</u>
	1.	
	2.	
	3.	

<u>CERTIFIED OFFICIALS WHO MAY WISH TO WORK:</u>	1.
	2.
	3.
	4.

<u>NUMBER OF SWIMMERS ENTERED:</u>	<u>ATTACHED:</u>	
	<u>UNATTACHED:</u>	
	<u>TOTAL:</u>	

SUMMARY OF FEES

<u>NUMBER OF SES SWIMMERS:</u>		<u>X \$3.00 SES SURCHARGE =</u>	
<u>NUMBER OF out of LSC SWIMMERS:</u>		<u>X \$5.00 SES SURCHARGE =</u>	
<u>NUMBER OF IND. EVENTS:</u>		<u>X \$4.00 PER EVENT ENTRY FEE =</u>	
TOTAL DUE:			

**Southeastern Swimming
Information Form for Disabled Swimmers**

<u>NAME:</u>		<u>AGE:</u>	<u>DATE OF BIRTH:</u>	
<u>ADDRESS:</u>			<u>PHONE NUMBER:</u>	
<u>EVENTS ENTERED:</u>				
<u>EVENT:</u>	<u>NO.</u>	<u>EVENT:</u>	<u>NO.</u>	
<u>EVENT:</u>	<u>NO.</u>	<u>EVENT:</u>	<u>NO.</u>	
<u>EVENT:</u>	<u>NO.</u>	<u>EVENT:</u>	<u>NO.</u>	
<u>DESCRIBE TYPE AND EXTENT OF DISABILITY (Be specific; e.g. totally or partially blind or deaf; loss of limbs multiple disabilities):</u>				
<u>THE FOLLOWING PERSONS WILL ACCOMPANY THE SWIMMER FOR ANY NEEDED ASSISTANCE:</u>		<u>NAME:</u>		
		<u>NAME:</u>		
<u>SEIZURES?</u>	<u>YES:</u> <input type="checkbox"/> <u>NO:</u> <input type="checkbox"/>	<u>ARE YOU ON MEDICATION?</u>	<u>YES:</u> <input type="checkbox"/> <u>NO:</u> <input type="checkbox"/>	<u>MEDICATION/DOSE:</u>
<u>MEDICATION/DOSE:</u>	<u>MEDICATION/DOSE:</u>		<u>MEDICATION/DOSE:</u>	
<u>PARENT OR GUARDIAN'S NAME:</u>			<u>PHONE NUMBER:</u>	
<u>PARENT OR GUARDIAN'S SIGNATURE:</u>		<u>ATHLETE'S SIGNATURE:</u>		
<u>PHYSICIAN'S NAME:</u>			<u>PHONE NUMBER:</u>	
<u>PHYSICIAN'S ADDRESS:</u>				

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:

CONSOLIDATED ENTRY FORM

Times should be in **SHORT COURSE YARDS**

Please duplicate as needed

Please duplicate as needed		EVENT #	EVENT NAME	BEST TIME	EVENT #	EVENT NAME	BE TI
NAME OF SWIMMER							
USS REGISTRATION NO.							
DATE OF BIRTH	SEX						
NAME OF SWIMMER							
USS REGISTRATION NO.							
DATE OF BIRTH	SEX						
NAME OF SWIMMER							
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DATE OF BIRTH	SEX						
NAME OF SWIMMER							
USS REGISTRATION NO.							

DATE OF BIRTH	SEX						