



or you can contact [runner5552@aol.com](mailto:runner5552@aol.com) for it to be e-mailed to you. Teams who have HYTEK'S Meet/Team Manager may submit their entries on a 3-1/2" disk, or export them by e-mail attachment. Email version is preferred. Please e-mail a word document copy attachment of entries for verification purposes to the same email address. Manual backup forms may be submitted. No manual entries will be accepted. Entry forms must be completely filled out including the swimmers' best times in long course meters.

**Mail Backup of Entries To: Fran McCawley**  
**1867 Old Towne Lane**  
**Germantown, TN 38139**

- Late Entries:** Late entries by e-mail will be accepted for available lanes only through April 20th. Deck entries will be accepted for available lanes only through 7:45AM Saturday April 25th
- Deadline:** Entry diskettes and/or printouts, summary/release sheets, and entry fees including surcharges must be received on or before Thursday, April 16<sup>th</sup>, 2009. Data received by email will guarantee on time entries, but payment and all completed forms must be received no later than April 17th.
- Limits:** Swimmers are limited to 5 individual events, exclusive of relays.
- Meet Format:** All events are long course meters events. This is a timed finals meet. The Meet Committee reserves the right to configure swim sessions and event groupings after entries have been received. All events will be pre-seeded except the 400 free. Positive check in is required by the swimmer or their coach. The deadline for the deck-seeded events is 12:45PM Saturday April 25<sup>th</sup>. The 400 free is a 15 & up event only. This event will be limited to 2 heats for boys and 2 heats for girls (top 16 seeds). The host team reserves the right to limit the number of heats in deck-seeded events in order to run the meet in the allotted time.
- Four Hour Rule:** If an age group event for 12 and U swimmers is swum after the session has been running 4 hours, each involved swimmer has the option of either swimming the event or receiving a refund for the event. A swimmer desiring a refund must declare his/her intent to the Meet Director or his/her designee. There will be no refunds for swimmers not in attendance.
- Scoring:** This meet will not be scored.
- Awards:** Ribbons will be awarded for 1<sup>st</sup> through 8<sup>th</sup> place in all individual events, and 1<sup>st</sup> through 4<sup>th</sup> places in relay events.
- Results:** Results in Team Manager acceptable format will be emailed to all teams shortly after the meet. Printed copies and diskettes (if originally provided) of results will be returned by mail following the end of the meet if requested.
- Questions:** Please contact the meet director.

## Mississippi 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 are registered with USA Swimming. I also acknowledge that I am familiar with the rules of USA Swimming and Mississippi 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. Collierville Swimming, the Henderson Aquatic Center,, Tunica County Recreation Commission, Mississippi 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: \_\_\_\_\_

## 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 \_\_\_\_\_ x \$3.00 = \$ \_\_\_\_\_

Total Number of Individual Events Entered \_\_\_\_\_ x \$4.00 = \$ \_\_\_\_\_

Total Number of Relays Entered \_\_\_\_\_ x \$10.00 = \$ \_\_\_\_\_

Total Number of Swimmer Facility Fees \_\_\_\_\_ x \$2.00 = \$ \_\_\_\_\_

**Total Amount Enclosed** \$ \_\_\_\_\_

## ENTRY FORM

Times should be in **Long Course Meters**

Please duplicate as needed

		Event #	Event Name	Best Time	Event #	Event Name	Best Time
Name Of Swimmer							
USS Number.							
Date Of Birth	Sex						
Name Of Swimmer							
USS Number.							
Date Of Birth	Sex						
Name Of Swimmer							
USS Number.							
Date Of Birth	Sex						
Name Of Swimmer							
USS Number							
Date Of Birth	Sex						
Name Of Swimmer							
USS Number							
Date Of Birth	Sex						

**Collierville Swimming Spring Invitational 2009 LCM  
Tunica Aquatics Center April 25th, 2009  
FIRST SESSION**

<u>Girls</u>	Warm-ups 8:00 Meet starts 9:00	<u>Boys</u>
1	8 & U 200M IM	2
3	9 – 10 200M IM	4
5	11 – 12 200M IM	6
7	8 & U 50M Breast	8
9	9 – 10 50M Breast	10
11	11 – 12 100M Breast	12
13	8 & U 50M Free	14
15	9 – 10 50M Free	16
17	11 – 12 50M Free	18
19	8 & U 50M Back	20
21	9 – 10 50M Back	22
23	11 – 12 50M Back	24
25	8 & U 50M Fly	26
27	9 – 10 50M Fly	28
29	11 – 12 50M Fly	30
31	8 & U 100M Free	32
33	9 – 10 100M Free	34
35	11 – 12 100M Free	36
37	8 & U 200M Free Relay	38
39	9 – 10 200M Free Relay	40
41	11 – 12 200M Free Relay	42

\* Positive check in required by 12:45. This Event is for 15 & up Swimmers Only

Collierville Swimming Spring Invitational 2009 LCM  
**Tunica Aquatics Center April 25th, 2009**  
**SECOND SESSION**

<u>Girls</u>	Warm-ups: not before 12:00 Meet starts: not before 1:00	<u>Boys</u>
43	13-14 200M IM	44
45	OPEN 200M IM	46
47	13-14 100M Breast	48
49	OPEN 100M Breast	50
51	13-14 50M Free	52
53	OPEN 50M Free	54
55	13-14 100M Back	56
57	OPEN 100M Back	58
59	13-14 100M Fly	60
61	OPEN 100M Fly	62
63	13-14 100M Free	64
65	OPEN 100M Free	66
67	13-14 200M Free Relay	68
69	OPEN 200M Free Relay	70
71*	15&UP 400M Free	72*

\* Positive check in required by 12:45. This Event is for 15 & up Swimmers Only