|  |
| --- |
| Meet Director (1): Email: .Meet Director (2): Email: .Meet Referee: Email: .Meet Entry Contact: Email: Entry Deadline: . Venue Address: .  |
| **Disclaimer:** The host has taken enhanced health and safety measures for all participants and attendees of this competition. You must follow all posted instructions while attending of this facility and guidelines and requirements of the State of Hawai‘i (SOH) Department of Health while participating in this event. By attending and/or participating in this event, you voluntarily assume all risks related to exposure to COVID-19. An inherent risk of exposure to COVID-19 exists in any public place where people are present. CAn inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and individuals with underlying medical conditions are especially vulnerable. USA Swimming, Inc., cannot prevent you (or your child(ren)) from becoming exposed to, contracting, or spreading COVID 19 while participating in USA Swimming sanctioned events. It is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in a USA Swimming sanctioned event, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.BY ATTENDING OR PARTICIPATING IN THIS COMPETITION, YOU VOLUNTARILY ASSUME ALL RISKS ASSOCIATED WITH EXPOSURE TO COVID-19 AND FOREVER RELEASE AND HOLD HARMLESS USA SWIMMING AND HAWAIIAN SWIMMING AND EACH OF THEIR OFFICERS, DIRECTORS, AGENTS, EMPLOYEES OR OTHER REPRESENTATIVES FROM ANY LIABILITY OR CLAIMS INCLUDING FOR PERSONAL INJURIES, DEATH, DISEASE OR PROPERTY LOSSES, OR ANY OTHER LOSS, INCLUDING BUT NOT LIMITED TO CLAIMS OF NEGLIGENCE AND GIVE UP ANY CLAIMS YOU MAY HAVE TO SEEK DAMAGES, WHETHER KNOWN OR UNKNOWN, FORESEEN OR UNFORESEEN, IN CONNECTION THEREWITH. |
| It is understood and agreed that USA Swimming and HISI shall be free from any liabilities or claims for damages arising by reason of injuries to anyone during the conduct of the event.  |
| In support of Hawaiian Swimming, Inc. (HISI) and continued effort to ensure safety to all athletes, coaches, officials, volunteers, parents and spectators the swim event may be suspended or canceled by the Meet Director, Meet Referee, or Administrative Official if activities are not in compliance with USA Swimming and HISI requirements or SOH, CDC, local, or official authorized health organizations. In addition, HISI Board of Directors retains the right to revoke the meet sanction and expunge all or part of the times uploaded to SWIMS due to non-compliance with all sanctioning requirements. |
| Current USA Swimming and HISI rules, including the **M**inor **A**thlete **A**buse **P**revention **P**olicy, will govern this meet.(see: <https://www.usaswimming.org/docs/default-source/safe-sportdocuments/maapp/usaswimmingmaapp>) |
| Meet Restrictions and facility requirements for all participants including athletes, coaches, officials, volunteers, spectators and facility staff.* Maximum number of participants in the aquatic facility must comply with SOH, CDC, local government requirements.
* Any participant must have their temperature taken and must have a reading of 100.4 degrees Fahrenheit or less to enter facility.
* Parents shall be required to confirm their athletes are allowed entry into the facility before the parent or driver leaves.
* Entry/exit gates will be monitored continuously before, during, and after the swim meet.
* All participants shall wear masks at all times (athletes may remove their masks immediately prior to entering the pool.
* Athletes shall arrive and depart in their competition suits unless locker or authorized changing accommodations are provided.
* USA-S rule 102.8D will be enforced - swimsuits worn for competition must be conform to the current concept of the appropriate.
* Unless approved in writing in advance of the competition by the Vice President of Program Operations, operation of a drone, or any other flying apparatus, is prohibited over the venue (pools, athlete/coach areas, spectator areas and open ceiling locker rooms) any time athletes, coaches, officials and/or spectators are present.
* Use of audio or visual recording devices, including a cell phones, is not permitted in changing areas, restrooms, or locker rooms.
* Photography behind the starting area(s) is not permitted.
* Only deck officials, timers, coaches, and athletes may be on the pool deck during competition. Athletes are to return to their assigned area soon after they have completed their events.
* Venue and pool rules will be strictly enforced & parking is permitted only in marked areas.
 |

**SESSION SCHEDULE, EVENT ORDER, ENTRY RESTRICTIONS & DIVISIONS:** (See attached Schedule of Events)

**VENUE INFORMATION:**

Course: SCY LCM SCM Set-up: 6 Lanes 8 Lanes 10 Lanes

Facility: 50M x 25M 50M x 25Y 25M x 25Y 25Y x 20Y Other: .

Warm-down pool/area: Yes No Start Depth: ft / in. and Turn Depth:  ft / in.

Competition course: Certified in accordance with 104.2.2C(4): Not certified.

***DIVING IS ONLY PERMITTED IN THE COMPETITION POOL***

**ENTRY LIMITS:** Athletes may enter a maximum of ( ) individual events.

**ENTRY PROCEDURE:** Entries must be received by the Entry Contact ON OR BEFORE 11:59 P.M. of the Entry Deadline. **NO LATE ENTRIES WILL BE ACCEPTED**. Entries must include a SDIF compatible entry file AND an entry fee report. All athletes, and their USA-S IDs, must be listed in the entry file.

**ENTRY FEES:** $3.00 per Individual Event / $4.00 per Relay Athlete Surcharge: $ . .

Make Payment to: Mail Address: .

**MEET FORMAT:**  Timed finals (seeded and swum slowest to fastest) Prelims/Finals (championship seeding)

*(Partial heats may be combined and/or swum out of order)*

**TIMING SYSTEM:**  Automatic w/ manual backup Semi-automatic w/ manual backup Other (Automatic w/no backup).

**RULES:** The meet will be conducted in accordance with current USA Swimming and HISI rules. Coaches are responsible for instructing their athletes of safety guidelines, warm-up/down procedures, and venue specific requirements. The Safety Marshals, with concurrence of the Meet Referee, shall enforce safety procedures and maintain order in the swimming venue. Safety Marshals shall have full authority to remove or have removed from the vicinity of the event anyone whose behavior or actions are unsafe or are disrupting the orderly conduct of the swim event, including the disqualification of athletes from competition.

**ELIGIBILITY:** Clubs and their athletes registered within HISI are eligible to the participate in the event. No athlete who is not a member as provided in Article 302 will be allowed to compete or participate except as provided under 202.8 or USA Swimming’s “open border” policy included in its Registration Manual. All new HISI athlete registrations (and registration fee) shall be mailed directly by each club registrar to the LSC Registrar and POSTMARKED NO LATER than 14 days prior to the scheduled start of the meet. All swimmers must be registered prior to the entry deadline. It is the legal responsibility of each club to ensure that each athlete entered is a current member of USA Swimming. The age of the swimmer shall be the age on the first day of the swim meet.

**SCRATCHES/HEAT SHEETS:** Scratches of individual events for are due to the Entry Contact by Noon on the day prior to the scheduled start of the meet. Coaches are to present their credentials to pick up scratch sheets and heat sheets. Exceptions must see the Meet Referee.

**WARM-UP/DOWN:** HISI warm-up/down procedures shall be in effect for the meet.

**RACING STARTS:** Any athlete entered in the meet must be certified by a USA Swimming member-coach as being proficient in performing a racing start or must start each race from within the water. When unaccompanied by a member-coach, it is the responsibility of the athlete or the athlete’s legal guardian to ensure compliance with this requirement.

**AWARDS & RESULTS:** Awards will be presented in accordance to HISI Policy and Procedures: Article X. AWARDS AND SCORING - Section 10.01 AWARDS. Results will be posted on HISI website: [www.hawaiianswimming.org](http://www.hawaiianswimming.org) .

**OFFICIALS & TIMERS:** Each club entered is expected to provide deck officials and timers commensurate with their number of athletes entered. Officials are requested to sign-up on-line prior to the meet (no officials briefing). Teams may be assigned timer positions.

**Safety Marshals:** with concurrence of the Meet Referee, shall have authority to remove anyone whose behavior or actions are unsafe and/or disrupting the orderly conduct of the event, including the disqualification of athletes from competition.

**HOSPITALITY:** TBA (*Subject to health authority requirements*)

|  |
| --- |
| **SESSION 1** |
| **GIRLS** | **DIVSIONS** | **EVENT** | **BOYS** |
| 1 | {Division} | {EVENT} | 2 |
| 3 | {Division} | {EVENT} | 4 |
| 5 | {Division} | {EVENT} | 6 |
| 7 | {Division} | {EVENT} | 8 |
| 9 | {Division} | {EVENT} | 10 |
| 11 | {Division} | {EVENT} | 12 |
| 13 | {Division} | {EVENT} | 14 |
| 15 | {Division} | {EVENT} | 16 |
| 17 | {Division} | {EVENT} | 18 |
| 19 | {Division} | {EVENT} | 20 |
| 21 | {Division} | {EVENT} | 22 |
| 23 | {Division} | {EVENT} | 24 |
| 25 | {Division} | {EVENT} | 26 |

**Notes:**

*(Create event list for your swim meet by expanding or duplicating session table above)*

***Please fill out agreement and email to the host Meet Director or bring completed form to swim meet and turn in to your club head swim coach or designee before the start of the swim meet (or swimmers first day at swim meet). Head coach or designee will be responsible to collect and submit agreement the Meet Director or designee prior to the start of the meet.***

**INDEMNITY AGREEMENT**

It is my intent as a participant or player competing in Hawaiian Swimming/USA Swimming sanctioned activities, while participating during activities including any pre-event or post-event activities at:

Name of Location: .

that I am agreeable and acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:

*An outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof;*

In consideration of having the opportunity to participate as either a team member or competitor at location, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify Hawaiian Swimming/USA Swimming and its member clubs, trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below.

Participant Name: .

Participant Signature: .

If Participant is a minor name and signature by parent or legal guardian is required.

Name: .

Signature: .

*Failure to complete and submit the INDEMNITY AGREEMENT form may result in no access to the facility.*

***Please fill out questionnaire and email to the host Meet Director or bring completed form to swim meet and turn in to your club head swim coach or designee before the start of the swim meet (or swimmers first day at swim meet). Head coach or designee will be responsible to collect and submit questionnaire to the Meet Director or designee.***

**Safety Pre-Screening Questionnaire**

Required for all athletes, coaches, officials, and volunteers to enter the pool facility

Club Team name: Club Code: .

Athlete, Coach, Official, Volunteer

Last Name: First Name: Date: .

Parent/Guardian (required if athlete is a minor)

Last Name: First Name: Date: .

Attending Session(s) #: Time of Entry into Facility: .

1. In the past 14-days, have you traveled off the Island? If yes, your eligible may be restrict by the State, health department, or respective county rules and requirements.

Yes or No (*circle one*)

If yes, do you have an exemption (e.g. medical) from the State of Hawaii Dept of Transportation.

Yes or No (*circle one*)

1. In the past 14-days have you been in contact with a person under investigation or has tested positive for COVID-19?

Yes or No (*circle one*)

If Yes, entry may be denied until your 10-day quarantine period has been completed.

1. Do you practice social distancing (6’) and wear a mask in public places as ordered by Hawai’i Governor Ige’s proclamation and the local county rules?

Yes or No (*circle one*)

1. By signing this document, I attest that my responses to the above questions are accurate and truthful.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Parent/Guardian signature required if athlete is a minor)*

*Failure to complete and submit the questionnaire form may result in no access to the facility.*