

**NEW ENGLAND SWIMMING**  
**REIMBURSEMENT POLICY FOR NATIONAL MEETS, 2012-2013**

*The following policy was adopted by the Board of New England Swimming at its meeting on November 13, 2012.*

A New England Swimming registered swimmer, who meets the eligibility requirements, and who qualifies for and swims in an **individual event** at the following meets will be reimbursed by New England Swimming:

MEET	DATE	LOCATION	AMOUNT
2012 Winter Nationals	Nov. 29-Dec. 1	Austin, TX	\$500
2012 SCY Jr. Nationals	Dec. 6-8	Knoxville, TN	\$500
2013 Open Water Nationals	May 19	Castiac Lake, CA	\$500
2013 LCM Nationals	June 25-29	Indianapolis, IN	\$1000
2013 LCM US Open	July 30-Aug 3	Irvine, CA	\$700
2013 LCM Junior Nationals	August 5-9	Irvine, CA	\$500
2013 NCSA Jr. Nationals	March 12-16	Orlando, FL	\$5,000 pot Max \$100 per swimmer
Santa Clara Swim Club Disability Meet	TBD	Santa Clara, CA	\$500
Greater Toledo Aquatic Club Disability Meet	May 11-12	Cincinnati, OH	\$500
Paralympic National Championships	TBD	TBD	\$500
CanAm Championships	April 4-6	Minneapolis, MN	Max one meet in this group
Jimi Flowers Classic	June	Colorado Springs, CO	
Summer Deaflympics	July 26-Aug. 4	Sofia, Bulgaria	

If a swimmer competes in both 2013 LCM US Open in Irvine, CA, and the 2013 LCM Junior Nationals in Irvine, CA, the swimmer may be reimbursed a maximum of \$950 (the full amount for the US Open and ½ the amount for Junior Nationals).

Relay only swimmers will not be reimbursed.

**ELIGIBILITY:** To be eligible for reimbursement, an athlete must have been registered in New England Swimming, and have competed in a New England Swimming calendar meet at least six months **prior to** the meet for which reimbursement has been requested. College athletes seeking reimbursement must have been previously registered with New England Swimming for one year prior to graduation from High School.

Athletes participating in collegiate programs are not considered eligible for reimbursement during the period of September 1, 2012 through April 30, 2013. Athletes participating in collegiate programs are not eligible for reimbursement for the NCSA Jr. Nationals.

During the short course season, September 1, 2012 - April 30, 2013, a swimmer must fully participate in three New England Swimming calendar meets to be eligible for reimbursement. During the long course season, May 1, 2013 thru August 31, 2013, a swimmer must fully participate in two New England Swimming calendar meets to be eligible for reimbursement. As an option, swimmers may fully participate in a total of five New England Swimming calendar meets during the period of September 1, 2012 to August 31, 2013 to be eligible for reimbursement. Full participation in the New England Senior Championship will count as two calendar meets.

Swimmers requesting reimbursement for a Disability Meet must fully participate in at least two New England Swimming calendar meet during the period September 1, 2012 to August 31, 2013.

“Full participation” means participation in all or at least two days of competition and at least one individual event at each day of participation. In the case of a one day meet, full participation means at least two individual events. This restriction does not apply to a one day distance meet.

In lieu of the participation requirement, a swimmer may present a proposal for community service that would involve the New England Swimming community. Examples of such activity are: volunteer work at an End-of-Season or Championship meet; offer a swim clinic, or advocate for underprivileged swimmers by being a big brother/sister to them throughout the year. The goal is to set example to the younger swimmers, give back to the community and for the swimmer to share his/her talent with others in a productive way. The proposal must be submitted to the Board of Directors by December 1, 2012 for the SCY season, and by June 1, 2013 for LCM season. If the proposal is approved by the Board of Directors, the participation requirement for that swimmer will be waived. The services provided should total at least 10 hours of work per season the swimmer is requesting reimbursement for, or, 2 complete sessions at a meet involved, or, a one day clinic, or the equivalent thereof.

A swimmer, **parent or guardian, or club** must request the reimbursement within 30 days of the last day of the meet. The request must include receipts (plane ticket, hotel, etc.) to equal or exceed the amount of the requested reimbursement. These receipts must include the name of the athlete. If the required number of meets has not been met at the time that the request is submitted, the updated meet list must be sent to the office as soon as this requirement has been met. Incomplete requests will be returned.

- For the Grand Prix and NCSA meets, one check will be written to the club for reimbursement of each athlete in attendance

**WAIVERS: There will be no waivers.**

**REIMBURSEMENT REQUEST FORM 2011-2012:** This form should be used for athlete requests. Each athlete should complete their own form.

NAME: \_\_\_\_\_

CLUB \_\_\_\_\_

MEET(s) APPLYING FOR: \_\_\_\_\_

DATE (s) of Meet: \_\_\_\_\_

INDIVIDUAL EVENT(S) in meet: \_\_\_\_\_

List three NEW ENGLAND CALENDAR meets you participated in during short course season (September 1, 2012-April 30, 2013); OR, two in long course season (May 1, 2013—August 31, 2013; OR, five during the year 9/1/2012—8/31/2013. (New England Seniors counts as 2 meets)

Meet: \_\_\_\_\_ Date: \_\_\_\_\_  
Events \_\_\_\_\_

Meet: \_\_\_\_\_ Date: \_\_\_\_\_  
Events \_\_\_\_\_

Meet: \_\_\_\_\_ Date: \_\_\_\_\_  
Events \_\_\_\_\_

Meet: \_\_\_\_\_ Date: \_\_\_\_\_  
Events \_\_\_\_\_

Meet: \_\_\_\_\_ Date: \_\_\_\_\_  
Events \_\_\_\_\_

**You MUST include copies of receipts, that list the swimmer names, equal to or exceeding the amount of reimbursement requested. This is an IRS requirement.**

**Make the check payable to:** \_\_\_\_\_

**All checks for the NSCA will be made out to the club.**

**Signature of athlete (over age 18) or parent/guardian:** \_\_\_\_\_

Mail check to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

By signing below, I certify that the reimbursement amount requested is equal to, or less than, the amount I paid for the requested meet. Amount requested: \_\_\_\_\_

Signed: \_\_\_\_\_  
Parent (or Swimmer if over 18)

Please Print: \_\_\_\_\_

Parent email: \_\_\_\_\_

Athlete email: \_\_\_\_\_

Date: \_\_\_\_\_ (requests must be made within 30 days of the completion of the meet)

Mail to: NEW ENGLAND SWIMMING, PO Box 920133, Needham, MA 02492