

SHOCKWAVE AQUATICS
SPLASH FOR CASH
TUPELO, MS
JUNE 19-21

- HOST:** Tupelo Shockwave Aquatic Team and Tupelo Convention and Visitor's Bureau
- SANCTION:** Held Under Sanction of US Swimming and Mississippi Swimming, Inc. The meet sanction number is MSI0915.
- LOCATION:** Rob Leake City Pool, Joyner Street
Tupelo, MS
- FACILITY:** 8 lane 25 yd by 50 meter outdoor pool. Colorado Timing system and touchpads. Warm - down available in deep end of pool.
- RULES:** Current USS rules will govern the meet.
- ENRIES:** The MEET will be limited to the first 350 swimmers. Each swimmer is limited to FOUR individual events, plus ONE relay per day. All entries must be submitted with:
1. Properly completed entry forms with age/USS #
 2. Signed release form.
 3. Completed cover sheet.
- ENTRIES:** ALL IMPROPERLY FILLED ENTRY FORMS, THOSE WITHOUT FEES OR THOSE RECEIVED AFTER 350 REACHED WILL BE RETURNED AND THE TEAM REPRESENTATIVE WILL BE NOTIFIED BY PHONE. We use the HY-TEK Computer program. If you are also using HY-TEK, please send us your entries on diskette, with the hard copy. This will make our job easier and insure accuracy. All other requirements remain.
- ELIGIBILITY:** The age of the swimmer on June 19, 2009 determines the age of the swimmer. All swimmers must be current USS registered athletes. The USS numbers must appear on all entry forms (recaps). The person responsible for entering an unregistered swimmer as registered will be subject to a fine of up to \$100.00 per event. This will be enforced by MSI through their Review Section. SWIMMERS WITHOUT USS REGISTRATION NUMBERS WILL BE REJECTED!

COACHES: Coaches must be current USS Coach Members in order to perform deck duties. If a coach is not certified, he/she may observe the meet as any other observer, but may not coach or sit in the coaches' area. COACHES PACKETS WILL BE GIVEN TO THOSE COACHES PRESENTING CREDENTIALS.

FOUR HOUR RULE: If an age group event for 12 and under swimmers is swum after the session has been running 4 hours each swimmer has the option to swim the event or receive a refund for the event. A swimmer desiring a refund should declare his/her intent to the Meet Director. There will be no refunds of swimmers not in attendance.

ENTRY FEES: \$3.00 per individual event
\$3.00 surcharge per swimmer
\$8.00 per relay
Late entries:
\$6.00 per individual event, \$16.00 per relay.

AWARDS: Team Awards: 1st-\$1000.00 2nd-\$500.00 3rd-\$250.00
Individual Awards: Ribbons 1-8th place.
Relays: Ribbons 1st-8th.
Heat Winners: Ribbons for all 12 and unders.
High Point: All age groups except 6&U, there are only 2 events.

SCORING: Individual: 9,7,6,5,4,3,2,1
Relays: 18,14,12,10,8,6,4,2

WARMUP: Warm-up procedures will follow the MSI guidelines. The first 35 minutes will be general war-ups, NO DIVING. In the last 20 minutes, the two outside lanes will be for pace, all swimmers leaving the wall from a push. Lanes 2 & 7 are for dives off of blocks with one way traffic. The remaining lanes are for general warm-up. NO DIVING.

ENTRY DEADLINE: Entries must be received by **Saturday, June 13, 2009** to avoid Late entry fees. The enclosed entry form should be returned With the correct fees to Lucas Smith, Hy-Tek entries are encouraged. Please send the entries to following address:
Lucas Smith
2204 Rosewood Street
Tupelo, MS 38801
662-213-4457
swim4shockwave@comcast.net

REPORTING: Swimmers in all events will report directly to the starting blocks. All entry cards, except for relays, will be at the appropriate lane according to the heat sheet. It is the responsibility of the coach & the swimmers to see that the swimmer reports to his/her assigned lane at the proper time. THERE WILL NOT BE A CLERK OF COURSE!

SEEDING: The meet will be pre-seeded according to Current USS Rules for timed finals. Entry forms submitted without times or unreadable times will be seeded as No Time (NT). Entry times must be submitted in long course meter times. The 12 and under 400 free will be scored separately as 10 and under and 11-12. The Senior 400 free, 400 IM, and 800 Free will be scored separately as 13-14 and Senior. Positive check-in is required for these events 15 minutes prior to the end of warm-ups on the day of the event.

MEET

DIRECTOR: Lucas Smith 2204 Rosewood Street Tupelo, MS 38801	Referee: Chris Deaton 2351 South Laurelwood Lane Tupelo, MS 38801
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Schedule: **Friday: Warm-up: 4:15 Competition: 5:15**
Saturday/Sunday A.M.: 8:00 Competition: 9:00
Saturday P.M.: Not before 12:00
Sunday P.M.: Not before 11:30

Timers & Officials:

We will try and provide timers for all of the lanes. We might need help at some point in the meet. We do ask that all teams who have available officials coming to the meet to please send a list so we can add them to our list.

Directions: From Gloster Street take Jackson street. You will go through 1 stop light and stay on Jackson until you see Joyner Avenue. Take Joyner Avenue and the pool will be just past the baseball fields on your left.

Additional Information

Any swimmer who is NOT swimming an individual event, but is on a relay must pay the \$3.00 surcharge. When filling out the recaps, PLEASE enter the swimmers on the appropriate sheet for their age. There will be **NO SMOKING** around the pool, deck, or where swimmers are present, such as bathrooms, or immediately outside the fence. NO GLASS containers or gum on the pool deck. We also reserve the right to combine the sessions on Saturday and Sunday if the meet management deems necessary.

SESSION I FRIDAY PM

WARMUP: 4:15 PM COMPETITION 5:15PM

WOMEN	EVENT	MEN
1	13-14 400 IM**	2
3	SENIOR 400 IM**	4
5	12&UNDER 400 FREE**	6
7	SENIOR 800 FREE**	8

** Positive check in is required by 4:30pm

SESSION II SATURDAY AM

Warmup: 8:00 am competition: 9:00 am

9	6&UNDER 50 FREE	10
11	8&UNDER 50 FREE	12
13	10&UNDER 50 FREE	14
	11-12 50 FREE	16
17	6&UNDER 50 BACK	18
19	8&UNDER 50 BACK	20
21	10&UNDER 100 BACK	22
	11-12 100 BACK	24
25	8&UNDER 50 BREAST	26
27	10&UNDER 50 BREAST	28
	11-12 50 BREAST	30
31	8&UNDER 50 BUTTERFLY	32
33	10&UNDER 100 BUTTERFLY	34
	11-12 100 BUTTERFLY	36
37	8&UNDER 100 FREE	38
39	10&UNDER 100 FREE	40
	11-12 100 FREE	42
43	8&UNDER 200 YD FREE RELAY	44
45	10&UNDER 200 YD FREE RELAY	46
	11-12 200 YD FREE RELAY	48

Session III Saturday Afternoon

Warm-ups not before noon

49	13-14 200 IM	50
51	SENIOR 200 IM	52
53	11-12 50 FREE	
55	13-14 50 FREE	56
57	SENIOR 50 FREE	58
59	11-12 100 BACK	
61	13-14 200 BACK	62
63	SENIOR 200 BACK	64
65	11-12 50 BREAST	
67	13-14 100 BREAST	68
69	SENIOR 100 BREAST	70
71	11-12 100 BUTTERFLY	
73	13-14 200BUTTERFLY	74

75	SENIOR 200 BUTTERFLY	76
77	11-12 100 FREE	
79	SENIOR 400 FREE RELAY	80
81	13-14 400 FREE RELAY	82
83	11-12 200 FREE RELAY	
	10 MINUTE BREAK	
85	SENIOR 400 FREE**	86
	Positive check-in is required	

SESSION IV SUNDAY AM

Warm-ups: 8:00 am competition: 9:00 am

87	10&UNDER 200 IM	88
	11-12 200 IM	90
91	10 &UNDER 50 BACK	92
	11-12 50 BACK	94
95	10&UNDER 100 BREAST	96
	11-12 100 BREAST	98
99	10&UNDER 50 BUTTERFLY	100
	11-12 50 BUTTERFLY	102
103	10&UNDER 200 FREE	104
	11-12 200 FREE	106
107	10&UNDER 200 MEDLEY RELAY	108
	11-12 200 MEDLEY RELAY	110

SESSION V SUNDAY PM

Warm-ups not before 11:30 am

111	11-12 200 IM	
113	13-14 100 FREE	114
115	SENIOR 100 FREE	116
117	11-12 50 BACK	
119	13-14 100 BACK	120
121	SENIOR 100 BACK	122
123	11-12 100 BREAST	
125	13-14 200 BREAST	126
127	SENIOR 200 BREAST	128
129	11-12 50 BUTTERFLY	
131	13-14 100 BUTTERFLY	132
133	SENIOR 100 BUTTERFLY	134
135	11-12 200 FREE	
137	13-14 200 FREE	138
139	SENIOR 200 FREE	140
141	11-12 200 MEDLEY RELAY	142
143	13-14 400 MEDLEY RELAY	144
145	SENIOR 400 MEDLEY RELAY	146

INFORMATION FORM FOR DISABLED SWIMMERS

NAME _____

ADDRESS _____

AGE _____ BIRTHDATE ____/____/____.

EVENTS TO BE SWUM ____/____/____/____/____/____/____/____

TYPE OF DISABILITY

Blind _____ Mentally _____
Retarded _____ Deaf _____ Physical _____

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 PERSON(S) WILL ACCOMPANY THE SWIMMER FOR ANY NEEDED ASSISTANCE:

TYPE OF MEDICATION _____

PURPOSE OF MEDICATION _____

PARENT'S OR GUARDIAN'S NAME _____

PARENT'S OR GUARDIAN'S SIGNATURE _____

ATHLETES'S SIGNATURE _____

PHYSICIAN'S NAME (please print) _____

PHYSICIAN'S ADDRESS _____

PHYSICIAN'S PHONE NUMBER _____

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

**2009 SPLASH FOR CASH
ENTRY FORM
JUNE 19-21, 2009**

CLUB NAME: _____ **ABBREVIATION** _____

COACHES: _____

TEAM ADDRESS _____

PHONE: _____

NUMBER OF INDIVIDUAL ENTRIES _____ **@\$3.00/ENTRY=\$** _____

NUMBER OF RELAY ENTRIES _____ **@\$8.00/RELAY=\$** _____

NUMBER OF TOTAL ATHLETES _____ **@\$3.00/ENTRY=\$** _____

TOTAL AMOUNT OF FEES ENCLOSED = \$ _____

IN CONSIDERATION OF THE ACCEPTANCE OF THIS ENTRY, WE WAIVE ANY AND ALL CLAIM AGAINST USS OR MS SWIMMING, SHOCKWAVE QUATIC TEAM, AND THE CITY OF TUPELO AND IT'S EMPLOYEES.

SIGNATURE OF COACH OR CLUB REPRESENTATIVE:

Mail entries to : **Coach Lucas Smith**
 2204 Rosewood Street
 Tupelo, MS 38801
 Email: swim4shockwave@comcast.net