

SHOCKWAVE AQUATICS
10 AND UNDER SHORT COURSE INVITATIONAL
TUPELO, MS
JUNE 19

- 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 middle 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 10 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: NO TEAM AWARDS
Individual Awards: Ribbons 1-8th place.
Relays: Ribbons 1st-8th.
Heat Winners: Ribbons for all 10 and unders.
High Point: All age groups!

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 preseeded 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 short course yard times.

MEET

DIRECTOR: Lucas Smith
2204 Rosewood Street
Tupelo, MS 38801

Referee: Chris Deaton
2351 South Laurelwood Lane
Tupelo, MS 38801

Schedule: **Friday: Warm-up: 10:00:00 Competition: 11:00**

**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.

Warm-ups: 10:00

Meet : 11:00

Girls:

Event:

Boys:

1	8 and Under 100 IM	2
3	9-10 100 IM	4
5	6 and Under 25 Back	6
7	7-8 25 Back	8
9	9-10 50 Back	10
11	6 and Under 25 Fly	12
13	7-8 25 Fly	14
15	9-10 50 Fly	16
17	6 and Under 25 Free	18
19	7-8 25 free	20
21	9-10 50 free	22
23	6 and Under 25 Breast	24
25	7-8 25 Breast	26
27	9-10 100 Breast	28
29	8 and Under 100 Free Relay	30
31	10 and Under 100 Free Relay	32

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 Short Course Invitation
ENTRY FORM
JUNE 19, 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