

SUNKIST SWIM TEAM

SPRINT TO CHRISTMAS INVITATIONAL

December 12, 2009 JACKSON, MISSISSIPPI

- Sanction: Held under the sanction of United States Swimming and Mississippi Swimming, Inc. Sanction Number **MSI# 0929**
- Sponsor: Sunkist Swim Team
- Location: Flowood YMCA
690 Liberty Road
Flowood, MS 39232
601-664-6814
- Facilities: Indoor 25 yard 5 yard pool; 8 lanes using nonturbulent lane lines; Colorado Timing System, touch pads at one end with backup; 8 line scoreboard and computer interface; Paragon starting blocks. There will be no tobacco products or alcohol on the pool deck or any area frequented by swimmers. Concessions available, ample deck space, bleachers, First Aid, and Life Guards will be on duty. Parking is available adjacent to YMCA. No foods or drinks permitted around deck. Food and drinks will be allowed around concession area of natatorium.
- Rules: Current United States Swimming Rules will govern the conduct of the meet.
- Eligibility: Current USS registered swimmers who are members in good standing are eligible. Entrant's age as of the first day of this meet will determine the swimmer's age group for the meet.
- Coaches: Coaches must be current USS Coach Members in order to perform deck duties. If a coach is not currently certified, he/she may observe the meet as any other observer, but may not perform coaching duties or sit in the coaches' area. Coaches must be prepared to show their credentials if requested.
- Events: All events will be swum as timed finals. Events/heats maybe combined per USS Rules in order to fill available lanes.
- Limit of Events: Each swimmer may enter 5 individual events plus 2 relays.
- Schedule: **Saturday Session:**
Warm-ups: 9:00-9:50AM. Officials meeting 9:15AM
Coaches meeting 10:00AM Competition will begin at 10:15 AM

4 Hour Rule: If an age group event, for 12 and under swimmers, is swum after the session has been running for four hours, each individual swimmer has option of either swimming that event or receiving a refund for that event. A swimmer desiring a refund for that event must declare his/her intent to the meet coordinator. There will be no refunds for swimmers not in attendance.

SWIM WEAR: Swim Wear will be according to Article 102.9 of USA Swimming Rules and Regulations. 102.9 Swimwear, .1 Design, A. Swimsuits worn for all 12 & under age group defined competition shall not cover the neck, extend past the shoulder, nor past the knee.

POOL CERTIFICATION: Swimming Rules and Regulations.

202.3 Conditions of Sanction

The competition course has not been certified in accordance with 104.2.2C(4).

Entry Fees	\$3.00 per swimmer for MSI surcharge
& Deadline:	\$3.00 per individual event.
	\$8.00 per relay
	\$2.00 facility fee

Make all checks payable to SUNKIST SWIM TEAM. Mail checks with entries, release form, and recap sheet to:

Marcy Rushing
690 Liberty Road
Flowood MS, 39232
Phone: 601-664-6814

Email: sunkistcoach@yahoo.com

If you are sending entries via USPO, FEDEX, or UPS please

WAIVE SIGNATURE.

Entry deadline is **Friday, December 4, 2009 at 6:00 PM.** Entries will be limited to the first 300 entries received. No team will be split if we reach 300. **We are using the HY-TEK computer program and strongly encourage teams to send their meet entries via disk this saves time and decreases errors. Please send a printout of your Team Manager Meet Entries with your disk.** We will accept late entries, space allowing, and lane availability until 6:00 PM Sunday, December 7, 2007. Late individual entries are subject to double entry fees and may not be listed in the heat sheet. No new heats will be added. **LATE ENTRIES FOR RELAYS WILL BE ACCEPTED DURING THE CHECK IN TIME EACH DAY AND WILL BE CHARGED \$10.00 PER ENTRY.** Meet management reserves the right to accept late individual entries at the meet due to special circumstances with approval from the meet director.

**SUNKIST SWIM TEAM
DECEMBER INVITATIONAL
December 12, 2009**

TEAM ENTRY SUMMARY SHEET

Total Number of Swimmers	_____	X \$3.00 =	_____
(MSI Surcharge)			
Total Number of Individual Entries	_____	X \$3.00 =	_____
Total Number of Relay Entries	_____	X \$8.00 =	_____
Facility Fee Per Swimmer	_____	X \$2.00 =	_____
TOTAL ENTRY FEES		\$	_____

Send Official Results to:

Name: _____

Address: _____

Phone: _____

Club Name and Code: _____

Coaches _____

Names: _____

RELEASE

On behalf of each of the listed competitors, I understand and agree that United States Swimming, Inc., Mississippi Swimming, Inc., Flowood YMCA, the Sunkist Swim Team and their officers and/or representatives shall be free of all liabilities or claims for loss of valuables or damages arising by any reason of injuries to anyone during travel to or from this meet or during conduct of this meet or during any social gathering associated with this meet and expressly agree to waive claim as condition of being allowed to enter this meet.

Signed: _____ Date: _____

Team Coach or Representative

		Warm-Up Starts 9:00 A.M. Meet Starts 10:15 A.M.	
Saturday	December 12, 2009	Boys	
Girls			
1	8 & Under 100 Medley Relay	2	
3	9-10 100 Medley Relay	4	
5	11-12 200 Medley Relay	6	
7	8 & Under 25 Free	8	
9	9-10 50 Free	10	
11	11-12 100 Free	12	
13	8 & Under 25 Breast	14	
15	9-10 50 Breast	16	
17	11-12 100 Breast	18	
19	8 & Under 25 back	20	
21	9-10 50 Back	22	
23	11-12 100 Back	24	
25	8 & Under 50 Free	26	
27	9-10 100 Free	28	
29	11-12 50 Free	30	
31	8 & Under 50 Breast	32	
33	9-10 100 Breast	34	
35	11-12 50 Breast	36	
37	8 & Under 25 Fly	38	
39	9-10 100 Fly	40	
41	11-12 50 Fly	42	
43	8 & Under 50 Back	44	
45	9-10 100 Back	46	
47	11-12 50 Back	48	
49	8 & Under 100 IM	50	
51	9-10 100 IM	52	
53	11-12 100 IM	54	
55	8 & Under 50 Fly	56	
57	9-10 50 Fly	58	
59	11-12 100 Fly	60	
61	8 & Under 100 Free Relay	62	
63	9-10 100 Free Relay	64	
65	11-12 200 Free Relay	66	

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 of physical reason why he or she should not participate in USA Swimming competition.

Physician's signature Date