**Kishwaukee YMCA / DeKalb County Swim Team (DCST)**

DCST Pilgrim Plunge Meet

November 6 & 7, 2021

**ENTRY CHAIRPERSON MEET DIRECTOR**

Josh Norek Matt Anderson

Kishwaukee YMCA

2500 Bethany Road **SAFETY CHAIRPERSON**

Sycamore, IL 60178 Tom Slater

(815) 756 – 9577 ext. 268 **MEET REFEREE**

E-mail: [jnorek@kishymca.org](mailto:bbickner@kishymca.org) Paula Hastings

**Format** THIS MEET IS A CLOSED YMCA MEET. ONLY SWIMMERS WHO ARE MEMBERS OF A YMCA TEAM MAY SWIM IN THIS MEET. There will be a positive check‑in for each session. The deadline to turn in scratches will be 30 minutes before the beginning of each session. Scratch sheets will be in the coaches’ packet. Coaches need to draw a line through the name and events of each scratched swimmer. Swimmers will need to check in with their coaches. Those swimmers who have not checked in by the deadline will not be seeded to swim (and will not be permitted to swim). Swimmers without representation of a coach must check in with the Meet Director.

IMPORTANT – We will be using fly-over starts. Please instruct your swimmers prior to the meet to remain in the water at the completion of their events with the exception of the backstroke events. After the athletes touch the wall at the finish of a race and is waiting for the next heat to start, they should move to a corner of their lane prior to the “take your mark” command and remain still.

**8 & Under Swimmers Only** - There will be a bullpen area for 8 & under swimmers only.

**Saturday & Sunday** Warm-ups: 8:00 - 8:45 AM

Meet Starts: 9:00 AM

Positive check in will close at 8:30 AM

**Location** Kishwaukee YMCA, 2500 Bethany Road, Sycamore, IL 60178

**Facility** The Kishwaukee YMCA has an 8 lane 25 yard competition pool with starting blocks in 7 feet of water at both ends. There will be some 25-yard lanes available in an additional pool for warm-up and warm-down during the meet. The facility uses non-turbulent lane lines with a fully automatic Colorado timing system. The meet will be run using Hy-Tek’s Meet Manager. The seating capacity is for 700 spectators. The competition course has not been certified in accordance with 104.2.2C(4).

**Recording Devices** Use of audio or visual recording devices, including cell phone, is not permitted in changing areas, rest rooms or locker rooms.

**Locker Rooms** Except where venue facilities require otherwise, changing into or out of swimsuits other than in locker rooms or other designated areas is not appropriate and is prohibited.

**Safe Sport**All applicable adults participating in or associated with this meet, acknowledge that they are subject to the provisions of the USA Swimming Minor Athlete Abuse Prevention Policy (“MAAPP”), and that they understand that compliance with the MAAPP policy is a condition of participation in the conduct of this competition.

**Warm-ups** Each team will be assigned lanes and times for warm-ups. These assignments will be made after the entries are received. Teams will be contacted with their warm-up assignments. Warm-up assignments will also be on our web page [www.DCST.org](http://www.DCST.org).

**Rules** This meet is governed by the current National YMCA “Rules that Govern YMCA Competitive Sports,” Illinois State Swim Committee and USA Swimming rules.

**Eligibility** A swimmer’s age as of November 6, 2021 will determine their age for the meet.

**Entry Deadline** Entries will not be accepted by the Entry Chairperson before Monday, October 4 at 9:00 AM. All entries must be received by Wednesday, October 27. E-mail entries will be accepted. Fax entries will not be accepted.

**Entries** Individuals are limited to four entry events per day, not including relays. Relay swimmers must be entered in at least one individual event. Age, first name, middle initial, and last name must appear on all entry blanks.

Entries may be submitted by Hy-Tek created file. All entries must be accompanied by a hard copy print out of your Hy-Tek entry data file.

A signed Summary Fee / Release From provided in this packet and payment in full must accompany all entries. Checks are to be made payable to: Kishwaukee YMCA.

**Entries Sent via Mail:** All entries should be sent to: Josh Norek, c/o Kishwaukee YMCA, 2500 Bethany Road, Sycamore, IL 60178.

**Entries Submitted by E-mail:** Entries sent by e-mail, must be in Hy-Tek form. A printout copy of the entries, a signed release form, and a check for full payment of entries must be received within 96 hours of the receipt of the original e-mail. DCST assumes no liability for the quality and receipt of the e-mail. Confirmation of the e-mail is the responsibility of the sender. E-mail entries can be sent to: [jnorek@kishymca.org](mailto:jnorek@kishymca.org).

**Entry Fees** Individual events: $4.50 per event

Relay events: $12.00 per relay

Facility Charge: $10.00 per swimmer

**Entry Limitations** Deck Entries will not be permitted. Each swimmer may enter a maximum of four events per day.

**Events** In accordance with USA Swimming Rules; Articles 105 and 202.1.13, the Meet Referee has the authority to accommodate swimmers with disabilities. It is the responsibility of the coaches or swimmers to contact the Meet Referee, prior to competition, with specific requests.

**Multi-Age Events** Swimmers swimming senior events will be swum together, but they will be given awards and scored separately. These events will be awarded and scored in two age groups: swimmers ages 13 – 14 and seniors.

**Awards** Individual events: Custom medals for 1st through 8th place

Custom ribbons for 9th through 16th place

Relay events: Custom medals for 1st through 4th place

Custom ribbons for 5th through 8th place

There will be no awards for senior swimmers ages 15 & older.

Individual high point trophies will be awarded to the girl and boy scoring the greatest total of points in each age group including seniors.

Team Trophies will be awarded to the top three scoring teams. DCST will be excluded from the team scoring.

All awards are to be picked up by their coach or team representative at the end of the meet. Unclaimed awards will not be forwarded after the meet.

**Scoring** Individual events: 20 – 17 – 16 – 15 – 14 – 13 – 12 – 11 – 9 – 7 – 6 – 5 – 4 – 3 – 2 - 1

Relay events: 40 – 34 – 32 – 30 – 28 – 26 – 24 – 22 – 18 – 14 – 12 – 10 – 8 – 6 – 4 - 2

**Seeding** All events will be time finals from slowest to fastest. Short course yard times should be submitted for entry purposes.

**Relay Events** Relay cards will be included in the coach’s packets. All relay cards must be turned into the Clerk of Course 30 minutes after the start of each session.

**Concession** A concession area will be available throughout the meet.

**Drones** 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.

Covid An 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 individual 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 THE COMPETITION, YOU VOLUNTARILY ASSUME ALL RISKS ASSOCIATED WITH EXPOSURE TO COVID-19 AND FOREVER RELEASE AND HOLD HARMLESS USA SWIMMING AND ILLINOIS 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 WITH EXPOSURE, INFECTION AND/OR SPREAD OF COVID-19 RELATED TO PARTICIPATION IN THIS COMPETITION.

**Accommodations**

**Country Inn & Suites Holiday Inn Express**

1450 S. Peace Road 1935 DeKalb Ave.

Sycamore, IL 60178 Sycamore, IL 60178

815 – 895 – 8686 815 – 748 – 7400

[www.countryinns.com](http://www.countryinns.com) [www.hiexpress.com](http://www.hiexpress.com)

**Quality Inn**

1475 S. Peace Road

Sycamore, IL 60178

815 – 895 - 4979

[www.choicehotels.com](http://www.choicehotels.com)

**Baymont Inn & Suites Hampton Inn**

1314 W. Lincoln Hwy 663 S. Annie Glidden Road

DeKalb, IL 60115 DeKalb, IL 60115

815 – 748 – 7100 815 – 748 - 4323

[www.baymontinns.com](http://www.baymontinnscom) [www.hampton.com](http://www.hampton.com)

**Order of Events**

**Girls Saturday, November 6 – Session 1 Boys**

1 Senior 200 yard Freestyle 2

3 11 - 12 200 yard Freestyle 4

5 10 & Under 200 yard Freestyle 6

7 Senior 100 yard Breaststroke 8

9 11 - 12 50 yard Breaststroke 10

11 10 & Under 50 yard Breaststroke 12

13 Senior 200 yard Butterfly 14

15 11 – 12 100 yard Butterfly 16

17 10 & Under 100 yard Butterfly 18

19 8 & Under 25 yard Freestyle 20

21 Senior 100 yard Freestyle 22

23 11 – 12 100 yard Freestyle 24

25 10 & Under 100 yard Freestyle 26

27 8 & Under 100 yard Individual Medley 28

29 Senior 200 yard Backstroke 30

31 11 – 12 100 yard Backstroke 32

33 10 & Under 100 yard Backstroke 34

35 8 & Under 25 yard Breaststroke 36

37 Senior 400 yard Medley Relay 38

39 11 – 12 400 yard Medley Relay 40

41 10 & Under 200 yard Medley Relay 42

43 8 & Under 100 yard Medley Relay 44

45 Senior 400 yard Individual Medley 46

**Girls Sunday, November 7 – Session 2 Boys**

47 Senior 200 yard Individual Medley 48

49 11 - 12 200 yard Individual Medley 50

51 10 & Under 100 yard Individual Medley 52

53 Senior 100 yard Backstroke 54

55 11 - 12 50 yard Backstroke 56

57 10 & Under 50 yard Backstroke 58

59 Senior 200 yard Breaststroke 60

61 11 – 12 100 yard Breaststroke 62

63 10 & Under 100 yard Breaststroke 64

65 8 & Under 25 yard Backstroke 66

67 Senior 50 yard Freestyle 68

69 11 – 12 50 yard Freestyle 70

71 10 & Under 50 yard Freestyle 72

73 8 & Under 50 yard Freestyle 74

75 Senior 100 yard Butterfly 76

77 11 – 12 50 yard Butterfly 78

79 10 & Under 50 yard Butterfly 80

81 8 & Under 25 yard Butterfly 82

83 Senior 400 yard Freestyle Relay 84

85 11 – 12 400 yard Freestyle Relay 86

87 10 & Under 200 yard Freestyle Relay 88

89 8 & Under 100 yard Freestyle Relay 90

91 Senior 500 yard Freestyle 92

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## November 6 - 7, 2021

This completed and signed summary of fees and release from, entry forms and a check payable to the Kishwaukee YMCA must be received no later than by 5:00 PM on Wednesday, October 27.

Name of Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club Code: \_\_\_\_\_\_\_\_\_\_\_

Names of Coaches attending meet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person submitting entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Number of Cost per Totals

Swimmers Entries Swim

Individual Events \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ X $4.50 \_\_\_\_\_\_\_\_\_\_

Relays \_\_\_\_\_\_\_\_ X $12.00 \_\_\_\_\_\_\_\_\_\_

Total # of Swimmers Facility Surcharge \_\_\_\_\_\_\_\_ X $10.00 \_\_\_\_\_\_\_\_\_\_

Team Total \_\_\_\_\_\_\_\_\_\_

In consideration of the acceptance of this entry, I, intending to be legally bound, hereby consign, waive, and release any and all rights and claims for damages which may occur against Kishwaukee YMCA (DeKalb County) Swim Team; Kishwaukee YMCA; or their representatives, employees, or successors, for any or all injuries suffered by me or any contestant or representative in said meet as a representative of my club.

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

(Coach, Club Representative, or Parent)

**VOLUNTEER SHEET**

DCST is asking each team with 5 or more swimmers in a session to provide timers. If any officials on your team are willing to work the meet, please list their names and phone numbers along with which session(s) they can work. Please fill out the form below and return it with your entries.

**OFFICIALS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session willing to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session willing to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session willing to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

USA Swimming’s SWIMS Database Informational Sheet

Any teams and / or swimmers wanting to have their times from the meet entered into the USA Swimming’s SWIMS Database system must return this completed form with their entries.

Note - Teams with no USA Swimming registered swimmers do not need to fill out this form.

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LSC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

USA Swimming Club Code: \_\_\_\_\_\_\_\_\_\_

If your team’s swimmers swim unattached, please list club code as unattached.

1) Do all the swimmers on your team have a current USA Swimming Membership?

\_\_\_\_\_ Yes – Proceed to number 3

\_\_\_\_\_ No – Proceed to number 2

2) Please list the swimmers who do have a current USA Swimming Membership with their USA Swimming ID number. Use additional sheets if needed.

Swimmer’s Name USA Swimming ID number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) If you have any swimmers who are considered unattached as far as USA Swimming is concerned, please list these swimmers below. Use additional sheets if needed.

Swimmer’s Name USA Swimming ID number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Payment Form for DCST Barb Wire Classic Entry Fees

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Information

Name (As it appears) on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Information

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Expiration (mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Security Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address to send receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you prefer to supply the last four digits of the credit card only, DCST will call you to get the rest of the number.