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|   | **MID SUMMER NIGHT SC MEET** |
|   | **Hosted by Summit Area YMCA Swim Team** |
|   | **JULY 18TH 2017** |
|  |  |
| **Date of Meet** | Tuesday July 18th 5:00pm |
| **Location** | Summit Area YMCA |
|  | 67 Maple Street |
|  | Summit, NJ 07901 |
| **Facility** | The Summit Y has a 6 lane competitive pool with Colorado timing system and  |
|  | spectator balcony seating. Depth of the pool is 10 feet at the start & 4 feet at the |
|  | turn. A 4 lane warm up/cool down pool will also be available during the meet. |
|  | Metered Parking on Saturday only |
|  | Gym will be used to accommodate swimmers and spectators when not competing |
|  | Facility will open @4:45pm |
| **Meet Statements** | Mid Summer Night is a closed YMCA meet. This meet is not USA sanctioned and does |
|  | not count toward NJ Swimming Zone Team eligibility nor for NJ swimming |
|  |  Athlete Travel Grants to sectional and national level meets. |
|  | The use of audio or visual recording devices, including cell phone, is not permitted  |
|  | in the locker rooms. Deck changing is prohibited. |
| **Meet Director** |   Laura.Riddell@thesay.org |
| **Meet Referee** | Mike Cannilla CannillaM@nkarchitects.com |
| **Meet Safety Marshall** | Ann Doyle |
| **Entry Coordinator** | summit.swimteam@thesay.org |
| **Entry Deadline** | **Entry Deadline: Monday July 10th.** |
|  | Email entry file to summit.swimteam@thesay.org |
|  | There will be no refunds after the entry deadline |
|  | Entries accepted first come basis |
|  | Mail or bring the signed waiver with you |
|  | Entries will be acknowledged within 48 hours of receipt |
|  | Swimmers may swim up to 3 events and 1 relay per day |
| **Website information** | Posted on our website sayswimteam.org |
| **Coaches/Officials** | Teams are expected to bring certified coaches and officials to the meet. |
|  | Emails regarding sign up for officials will be communicated |
| **Swimmer Eligibility** | Swimmer must be a member in good standing of the YMCA |
|  | Swimmers must be listed on the team's official entry form |
|  | Age as of 12/1/17 |
| **Meet Format** | Meet will be conducted under the 2017 USA Swimming Technical Rules, |
|  |  the NJ YMCA Swim League Constitution and the Rules that Govern |
|  |  YMCA Competitive Sorts and all supplements thereto. This meet will be a timed |
|  |  final meet. Meet will be deck seeded with coaches checking in/scratching all |
|  |  swimmers. When the seeding has been posted, swimmers will report to the blocks.  |
| **Meet Format Waiver** | Host club has the right to change format of the meet to make meet more efficient. |
| **Misconduct** | Statement from YMCA of the USA - "Any misconduct or misbehavior of their |
|  |  participants in any group event shall forfeit the right of the Association to be |
|  |  represented in the sport the following year." |
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|  | \*\*\*Meet Schedule |
|  | 5:00PM – WARM UP |
|  | 6:00PM – MEET START |
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|  | All check in sheets must be turned into the scoring table 35 minutes prior to the |
|  |  start of the session, Swimmers that are swimming will have a line through their |
|  |  name. Swimmers that are scratched will have their names circled with a "SCR" next  |
| **Check In** | to the circle. Swimmer scratching a single event will have a line through their name |
|  |  and the event number circled with "SCR" next to the circle. Failure to do so may |
|  |  result in the swimmer being scratched, |
|  | Fly Over starts will be used |
|  | No awards or scoring |
|  | **Entry Fee Checks made out to Summit Area YMCA** |
| **Starts** | **Entry Fees: $5.00 Individual** |
| **Awards/Scoring** | **Swimmer Surcharge $5.00 - (there will be no admittance fees)** |
| **Entry Fees** |  |
|  | **Mail fees: Summit Area YMCA SWIM TEAM**, 67 Maple Street, Summit NJ 07901 |
|  | In case of severe weather conditions or other emergency situations, which force |
|  | cancellation of any portion of this meet - NO refunds will be made on entry fees |
|  | The Summit Area YMCA will make all decisions regarding meet cancellation. |
| **Cancellation** | All information regarding cancellation/rescheduling of sessions will be |
| **Refunds** |  [listed on our website www.sayswimteam.org](http://www.sayswimteam.org/) |
|  | Information about changes/cancellations will also be emailed to participating coaches |
| **Emergency weather**  | Will provide a single timer in each lane throughout meet other than distance events |
| **Information** | Will have stopwatches available for volunteers-please bring your own if you have them |
|  | Will email entry verification back to participating clubs |
| **Host Club** | Will create a warm up/timing schedule based on ind. entries of participating teams |
| **Responsibilities** | Will help with timing/officiating |
|  |   |
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| **Participating Club** |  |
| **Responsibilities** |  |
|  | **Will stay off the deck unless volunteering** |
|  | **Will clear the observation area after their swimmer completes each event** |
|  |  **to give others room to view their swimmer.** |
| **Parent** | **Cooperation and YMCA values are expected.** |
| **Responsibilities** | No Concessions |
|  | No Vendor |
|  | Google Maps to: 67 Maple Street Summit NJ 07901 |
| **Concessions** |  |
| **Vendor** |  |
| **Directions** |  |

**2017 Mid Summer Night SC Meet**

**GIRLS BOYS**

**1 OPEN 100 FREE 2**

**3 13/U 100 IM 4**

**5 8/U 50 FREE 5**

**6 9/OVER 50 FREE 7**

**8 9/O 100 BACK 9**

**10 12/U 50 BACK 11**

**12 9/O 100 BREAST 13**

**14 12/U 50 BREAST 15**

**16 9/O 100 FLY 17**

**18 12/U 50 FLY 19**

**20 9/O 200IM 21**

Meet Participants and Summit Area YMCA will carry general liability insurance in the standard form to cover the above.

Executed this \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2017

YMCA Association Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Association # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WAIVER**

In consideration of the acceptance of this entry, I/we hereby, for myself/ourselves, my/our heirs, administrations and assigns waive and release any and all claims against USA Swimming, NJ Swimming, Summit Area YMCA Swim Team, Summit Area YMCA and their staff for any injuries and/or expenses incurred by me/us at the swim meet, or while on the road to and from the meet

**YMCA Club Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email of Coach/Entry Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email of Official’s Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Entry Fee Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make checks payable to Summit Area YMCA**

**Mail to: Summit Area YMCA Swim Team, 67 Maple Street, Summit NJ 07901**

**Entries and payment must be received by Friday July 14th 2017**