**MEET DIRECTOR CONTACT INFORMATION**

Race Director First Name **\***  Race Director Last Name **\*** 

Email Address **\***

Confirm Email Address **\***

Phone Number **\*** 

Website Address **\***

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EXPERIENCE RUNNING OPEN WATER RACES **\***     

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**EVENT INFORMATION**

Event Name **\***  Host Club Name **\*** 

Event Start Date **\***  Event End Date **\***

**Length of Race(s) \***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 25K | 10K | 5K | 3K | 1K | Other  |

**Age Groups Participating (check all that apply) \***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10&U | 11&12 | 13&14 | 15-18 | Open |

Expected Number of Competitors **\*** 

Attach Draft Entry Form

Online meet entry 🛈 

Attach meet information file **\***

If this is a reoccurring event, has it been previously sanctioned? **\***   

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**EVENT LOCATION**

Venue Name **\***



Street Address **\***



Address Line 2



City **\***



State **\***                                                      Zip Code **\***  Zone **\***     

LSC **\***                                                            

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**WATER QUALITY**

|  |
| --- |
| Attach certificate (or reference URL site) with necessary information showing the site meets local governing body requirements for bathing. |

Attach Certficate

URL **\***



**If an exceptional event such as heavy rain or flooding affects the water quality, take a water sample the day of the race. The Referee, Meet Director, or the Safety Monitor shall have the authority to postpone or cancel the race.**

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**TECHNICAL / PRE-RACE MEETING**

|  |
| --- |
| Tentative date/time of recommended Technical Meeting (within 24 hrs of race, athlete and/or coach/designated coach required to attend): |

Date **\***  Time **\*** 

|  |
| --- |
| Tentative date/time of MANDATORY Pre-Race Safety meeting.   Athletes must attend to participate in race: included in meet information. |

Date **\***  Time **\*** 

Attach Technical Agenda

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**INDEPENDENT SAFETY MONITOR (ISM)** an individual that is not a member of the host club Chip can probably help

ISM First Name **\*** 🛈

 ISM Last Name **\***  Phone Number **\*** 

Email Address **\***

**Safety Monitor Selected By**

First Name **\***

 Last Name **\***  Phone Number **\*** 

Email Address **\***

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**REFEREE**

Referee First Name **\***  Referee Last Name **\*** 

 Phone Number **\***  Email Address **\***

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**RACE PLAN**

Body of Water **\***     

Depth at Start **\***  Minimum Depth on Course **\*** 

Maximum Depth on Course **\***  Depth at Finish **\*** 

**Water Type \***

|  |
| --- |
| Fresh Water |

**Course Type \***

|  |
| --- |
| Open |
| Closed (only accessible by event water craft) |

Organization used to control the traffic while swimmers are on the open course. **\***



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**EXPECTED RACE DAY CONDITIONS**

Air Temperature (°F) **\***



Water Temperature (Minimum Allowed: 60.8°F; Maximum Allowed 5K+: 87.8°F) **\***



Combined Air & Water Temperature (must be between 118°F and 177.4°F) **\***



Water Conditions for the Athletes: (marine life, tides, currents, underwater hazards) **\***



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**COURSE MARKINGS**

Turn Buoy Height **\***



Turn Buoy Color **\***



Turn Buoy Shape **\***



Guide Buoy Height **\***



Intermediate Buoy Color **\***



Finish Markings and Structure **\***



**Starting Location \***

|  |  |  |
| --- | --- | --- |
| On Beach | In Water | Alternate Location  |

**Finish Location \***

|  |  |  |
| --- | --- | --- |
| On Beach | In Water | Alternate Location  |

Attach a Google Earth Map (or equivalent) of race course. Indicate on the map the locations of the start/finish, turn buoys, intermediate buoys, all safety craft, Lifeguard/First Responders, onsite medical care, feeding stations, etc.

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**SAFETY PLAN**

***Please be as thorough as possible when filling out this section.***

**LEAD MEDICAL PERSONNEL ON SITE (if known at time of application)**

First Name

 Last Name 

**Experience in extreme events? (Marathon, Triathlon, etc) (Recommended): \***

|  |  |
| --- | --- |
| Yes | No |

**Training**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| M.D. | D.O. | EMT-P | EMT | NP | PA |

**OR**

**CONTACT INFORMATION**



SAFETY PLAN

FIRST RESPONDERS/LIFEGUARDS **\***



AMBULANCE/EMERGENCY TRANSPORTATION **\***



ON SITE MEDICAL CARE **\***



CLOSEST MEDICAL FACILITY (Include distance to event site; you may list more than one facility) **\***



WATER CRAFT **\*** 🛈



ATHLETE ACCOUNTABILITY **\*** 🛈



WARM-UP/WARM-DOWN PLAN **\***



COMMUNICATIONS **\*** 🛈



SEVERE WEATHER PLAN **\***



MAXIMUM NUMBER OF SWIMMERS ON COURSE AT A TIME **\***



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