LSA FALL INVITATIONAL 2015

LAUREL NATATORIUM

NOVEMBER 13-15, 2015

SANCTION: Held under the sanction of USS and MSI.

#  MSI Sanction # 1533

SPONSOR: LAUREL SWIM ASSOCIATION

LOCATION: Laurel Natatorium

 4978 Highway 84 West

 Laurel, MS 39443

 Tel. 601-428-7665

REFEREE: Ken Welch

 421 Antioch Dr

Laurel, MS 39443

 601-425-4328

STARTER: Shelly Reid

DIRECTOR Warren Holladay

 1022 N 7th Ave

 Laurel, MS 39441

 601-319-2726

FACILITIES: Indoor 50 meter x 25 yd pool, 8 lanes competition course with warm-up and warm-down available. Daktronics timing with 8 lane scoreboard: HY-TEK program. The competition course has not been certified in accordance with 104.2.2C(4).

SPECIAL NOTE:

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

Except where venue facilities require otherwise, changing into or out of swim suits other than in locker rooms or other designated areas is prohibited.

WATER

DEPTH: Minimum water depth for competition course is 5’ and maximum depth depth is 9’. Warm up warm down areas have minimum water depth of 4’6”.

TIME: Friday P.M. Warm-ups: 5:00 P.M.

 Competition: 6:00 P.M.

Saturday & Sunday A.M. Warm-ups: 8:45 A.M.

 Competition: 10:00 A.M.

RULES: Current USS Rules will govern the meet.

ELIGIBILITY: The age of the swimmer on November 13, 2015 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 $100.00 per swimmer. This will be enforced by MSI through their Review Section. SWIMMERS WITHOUT USS REGISTRATION NUMBERS WILL BE REJECTED.

COACHES: Coaches must be current USA Swimming Coach Members in order to perform deck duties. If a coach is not certified, he/she may observe the meet as any other spectator, but may not coach or sit in the coaches’ area. COACHES PACKETS WILL BE GIVEN TO THOSE COACHES PRESENTING CREDENTIALS.

ENTRIES: The MEET will be limited to the first 250 swimmers. Each swimmer is limited to FIVE (5) individual events, plus ONE relay per day. **The meet host reserves the right to split the meet into two sessions, should entries exceed the entry limit. In the event meet entries exceed the entry limit, all events 12 and younger will swim in a morning session and Senior events in an afternoon session. Coaches and unattached swimmers will be notified by phone and email of the changes. Those unable to attend as a result of this change will be given refunds of entry fees.**

 Please submit entries via email using hy-tek program or something compatible.

# ENTRY FEES: $4.00 per individual event$5.00 facility fee

 $5.00 MSI surcharge per swimmer

 $8.00 per relay event

 Make checks payable to **LAUREL SWIM ASSOCIATION**

ENTRY All Entries must be in the hands of Warren Holladay no later than

DEADLINE **Thursday, November 5, 2015**

 Late entries will be accepted on a lane available basis, and subject to double the entry fees. No swimmer may scratch one event and enter another. Late entries are due by the beginning of each session.

 **Mail entries to: Warren Holladay**

 **Laurel Swim Association**

 **P O Box 1007**

 **Laurel, MS 39441**

 **601-428-7665 or 601-319-2726**

 **OR e-mail to: hwholladay@hotmail.com**

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 OR BULLPEN.

SEEDING: The meet will be pre-seeded according to Current USS Rules for timed finals. Entry forms submitted without times or unreadable times will be seated as No Time (NT). Entry times must be submitted in short course yard times. All events 400 yards or longer will be deck seeded, POSITIVE CHECK-IN REQUIRED.

 Senior events will be seeded boys and girls together. Scoring will be separate for boys and girls and 14 and younger and 15 and older. The 12 & Under 200 IM will be seeded together boys and girls and all ages. The event will be scored separately 10 & under boys and girls; 11-12 boys, girls.

WARMUP: Warm-up procedures will follow the MSI guidelines. The first 35 minutes will be general warm-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 blocks with one way traffic. The remaining lanes are for general warm-up. NO DIVING.

4 HOUR RULE If an age group event for swimmers age 12 and younger is swum after the session has been running four (4) hours, each involved swimmer has the option of either swimming that event or receiving a refund for that event. A swimmer desiring the refund must declare his/her intent to the Meet Director or the meet director's designee. There will be no refund for swimmers not in attendance.

SCORING: Individual events: 9-7-6-5-4-3-2-1

 Relay events: No points kept for relays

AWARDS: Individual events ages 14 and under; First through sixteen Ribbons

 Relays 12 and under first through eighth ribbons

 Individual High point trophy will be awarded to each boy/girl age group

 Senior events are swum together male/female and scored separately male/female 14 and younger 15 and older.

Timers & Each participating team will be assigned timing assignments according

Officials to the size of the team. We also ask for a list of officials willing to work.

DIRECTIONS: **Please note some internet maps will lead you in the wrong direction.**

From highway 49, take highway 84 east from Collins to Laurel. The pool is part of the Laurel Sportplex approximately 25 miles east of Collins on the right.

 From Interstate 59, take exit **95A from the south,** 95B from the North, approximately ½ mile turn left onto Highway 84 towards Collins. The pool is on your left about 2 miles and is part of the Laurel Sportsplex.

ADDITIONAL

INFORMATION Any swimmer who is NOT swimming an individual event, but is on a relay must pay the $5.00 MSI surcharge and $5.00 facility fee in order to be assigned a computer number. There will be **NO SMOKING** around the pool, deck, or where swimmers are present, such as bathrooms, or immediately outside the doors. NO GLASS containers on the pool deck.

 Supervision: A USA swimming member coach must supervise swimmers during warm-ups, competition and warm-down. Any swimmer entered in the meet, unaccompanied by a USA Swimming member coach, must be certified by a USA Swimming member coach as being proficient in performing a racing start or must start each race from within the water. It is the responsibility of the swimmer or the swimmer’s legal guardian to ensure compliance with this requirement.

Swimwear

 Restrictions:Swimwear worn at MSI meets must conform to USA Swimming Rules & Regulations (Art. 102.8 and subsequent revisions thereof), its interpretation and provision for exemptions based on a swimmer’s religious beliefs or medical condition.

HOSPITALITY

CONCESSIONS: Hospitality will be available for coaches and officials throughout the meet. Laurel Swim Association will provide a concession stand that will include healthy lunch and snack items. Competitive swim wear and equipment will be available from All-American Swim Supply.

LSA FALL INVITATIONAL 2015

NOVEMBER 13-15 2015

FRIDAY EVENING

WARM UP 5:00PM

COMPETITION 6:00PM

GIRLS AGE GROUP BOYS

EVENT # EVENT DESCRIPTION EVENT #

1 12 & UNDER MIXED 1000 FREE\* 1

2 MIXED 1650 FREE\* 2

\* BOTH THE 1000 AND 1650 EVENTS ARE DECK SEEDED. POSITIVE CHECK REQUIRED, BEFORE 5:30PM. BOYS AND GIRLS ARE SEEDED TOGETHER AND SCORED SEPARATELY. AGE GROUPS FOR THE 1000 ARE 10 & UNDER AND 11-12. AGE GROUPS FOR THE 1650 ARE 14 & UNDER AND 15 AND OLDER. HEATS ARE SWUM FASTEST TO SLOWEST.

SATURDAY MORNING

WARM UP 8:45AM

COMPETITION 10:00AM

3 MIXED 200 MEDLEY RELAY 3

4 12 & UNDER MIXED 200 MEDLEY RELAY 4

5 8 & UNDER MIXED 100 MEDLEY RELAY 5

6 SR. MIXED 100 FREE 6

7 11-12 100 FREE 8

9 10 & UNDER 100 FREE 10

11 8 & UNDER 50 FREE 12

13 SR MIXED 200 BUTTERFLY 13

14 11-12 100 BUTTERFLY 15

16 10 & UNDER 100 BUTTERFLY 17

18 8 & UNDER 25 BUTTERFLY 19

20 SR MIXED 100 BACKSTROKE 20

21 11-12 50 BACKSTROKE 22

23 10 & UNDER 50 BACKSTROKE 24

25 8 & UNDER 50 BACKSTROKE 26

27 SR MIXED200 BREASTSTROKE 27

28 11-12 100 BREASTSTROKE 29

30 10 & UNDER 100 BREASTSTROKE 31

32 8 & UNDER 25 BREASTSTROKE 33

34 SR MIXED 200 IM 34

35 11-12 200 IM 36

37 10 & UNDER 200 IM 38

39 8 & UNDER 100 IM 40

**10 MINUTE BREAK!**

41 MIXED 500 FREE\* 41

\* THE 500 FREE IS A DECK SEEDED EVENT. POSITIVE CHECK IN IS REQUIRED AT THE END OF WARM UP. BOYS AND GIRLS AND ALL AGES ARE SEEDED TOGETHER AND SCORED SEPARATELY. AGE GROUPS ARE 10 & UNDER, 11-12, 13-14 15 AND OLDER. HEATS ARE SWUM FASTEST TO SLOWEST.

!THE 10 MINUTE BREAK MAY BE ELIMINATED AT THE DISCREATION OF THE REFEREE WITH THE AGREEMENT OF COACHES WITH SWIMMERS INVOLVED

SUNDAY MORNING

WARM UP 8:45AM

COMPETITION 10:00AM

42 SR. MIXED 200 FREE RELAY 42

43 12 & UNDER MIXED 200 FREE RELAY 43

44 8 & UNDER MIXED 100 FREE RELAY 44

45 SR MIXED 200 FREE 45

46 11-12 200 FREE 47

48 10 & UNDER 200 FREE 49

50 8 & UNDER 100 FREE 51

52 SR MIXED 100 BREASTSTROKE 52

53 11-12 50 BREASTSROKE 54

55 10 & UNDER 50 BREASTSTROKE 56

57 8 & UNDER 50 BREASTSTROKE 58

59 SR MIXED 200 BACKSTROKE 59

60 11-12 100 BACKSTROKE 61

62 10 & UNDER 100 BACKSTROKE 63

64 8 & UNDER 25 BACKSTROKE 65

66 SR MIXED 100 BUTTERFLY 66

67 11-12 50 BUTTERFLY 68

69 10 & UNDER 50 BUTTERFLY 70

71 8 & UNDER 50 BUTTERFLY 72

73 SR MIXED 50 FREE 73

74 11-12 50 FREE 75

76 10 & UNDER 50 FREE 77

78 8 & UNDER 25 FREE 79

**10 MINUTE BREAK!**

80 SR MIXED 400 IM\* 80

81 MIXED 12 & UNDER 200 IM+ 81

\* THE 400 IM IS A DECK SEEDED EVENT. POSITIVE CHECK IN IS REQUIRED AT THE END OF WARM UP. BOYS AND GIRLS AND ALL AGES ARE SEEDED TOGETHER AND SCORED SEPARATELY. AGE GROUPS ARE 10 & UNDER, 11-12, 13-14 15 AND OLDER. HEATS ARE SWUM FASTEST TO SLOWEST.

+THE 12 & UNDER 200 IM IS NOT A CHECK-IN EVENT. BOYS AND GIRLS AND ALL AGE GROUPS WILL BE SEEDED TOGETHER. HEATS ARE SWUM FASTEST TO SLOWEST. AGE GROUPS USED FOR PLACE ARE 10 & UNDER AND 11-12.

!THE 10 MINUTE BREAK MAY BE ELIMINATED AT THE DISCREATION OF THE REFEREE WITH THE AGREEMENT OF COACHES WITH SWIMMERS INVOLVED

**LAUREL SWIM ASSOCIATION Fall Invitational 2015**

**November 13-15, 2015**

**CLUB NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ABBREVIATION\_\_\_\_\_\_\_\_**

**COACHES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TEAM ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NUMBER OF INDIVIDUAL ENTRIES \_\_\_\_\_\_\_@$4.00/ENTRY=$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NUMBER OF RELAY ENTRIES \_\_\_\_\_\_\_\_\_@$8.00/RELAY=$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NUMBER OF TOTAL ATHLETES \_\_\_\_\_\_\_\_\_\_@$10.00/ENTRY=$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL AMOUNT OF FEES ENCLOSED =$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN CONSIDERATION OF THE ACCEPTANCE OF THIS ENTRY, WE WAIVE ANY AND ALL CLAIM AGAINST USA OR MS SWIMMING, THE LAUREL SWIM ASSOCIATION, THE CITY OF LAUREL, AND THE CITY OF LAUREL RECREATION DEPARTMENT.**

**SIGNATURE OF COACH OR CLUB REPRESENTATIVE:**

**Mail entries to : LAUREL SWIM ASSOCIATION**

 **P O BOX 1007**

 **LAUREL, MS 39441**

 **hwholladay@hotmail.com**

**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.

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

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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