

PEAQ FALL INVITATIONAL
SEPTEMBER 30TH – OCTOBER 1ST
Cypress Lake Swim & Tennis

- Sanction:** Held under the sanction of USS and MSI. MSI Sanction #TBD.
- Sponsor:** Performance Elite Aquatics - PEAQ
- Location:** Cypress Lake Swim & Tennis
300 Lake Circle
Madison, MS 39110
- Facility:** Outdoor 25 yd pool, 6 lanes competition course. HY-TEK program.
Concessions/Hospitality. The competition course has not been certified in accordance with 104.2.2C(4).
- Use of audio or visual recording devices, including a cell phone, is not permitted in changing areas, rest rooms or locker rooms.
- Deck changes are prohibited
- Concessions/Hospitality will be provided by PEAQ
- Timing System:** We will be using Dolphin Timing System
- Water Depth:** Starting end depth 4 feet; midpoint depth 6 feet; turn end depth 11 feet.
- Rules:** Current USS Rules will govern the meet.
- Eligibility:** The age of the swimmer on September 30th determines the age of the swimmer. All swimmers must be current USS registered athletes. The USS numbers must appear on all entry forms (recaps). If a swimmer who is not properly registered with USA Swimming competes in a sanctioned competition, MS Swimming will impose a fine of \$100.00 per event against the individual, member coach or member club submitting the entry. This will be enforced by MSI through their Review Section. **SWIMMERS WITHOUT USS REGISTRATION NUMBERS WILL BE REJECTED**
- Operation of a drone or any other flying apparatus is prohibited over the venue "pools, athlete/coach area, spectator areas and open ceiling locker rooms" any time athletes, coaches, officials and/or spectators are present
- Type of Competition:** All events will be conducted in short course yards and scored as timed finals in accordance with the rule of USA Swimming. Meet Director and Meet Referee reserve the right to adjust event limits, if necessary, based upon the number of entries received. This may include combining heats and events, and/or splitting up sessions, which actions may require reseeding. All events will be pre-seeded

Scoring: Individual events: 9, 7, 6, 5, 4, 3, 2, 1
Relays: 18, 14, 12, 10, 8, 6, 4, 2

Schedule: Saturday/Sunday **Warm-Up** **Competition**
7:30 am 8:45am

Limit of Events: Swimmers are limited to five (5) individual events and one (1) relays per day

Awards: Individual High Point Awards for each age group/gender. Ribbons 1st – 8th

Entry Deadline: **September 20th 2017**

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.

Entry: Forms and fees (and diskettes) must be in the hands of Fernando Reis on **September 20th**.

Late entries will be accepted when lanes are available but will be charged double the entry fee. No swimmer may scratch one event and enter another. Late entries are due by the beginning of each session.

Mail entries to: Fernando Reis
508 Springhill xing
Brandon, MS 39047

OR e-mail to: fernandoabreis@hotmail.com

Entry Fees: \$5.00 per individual event
\$10.00 per relay event
\$5.00 MSI meet surcharge
\$5.00 facility surcharge per swimmer

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.

Warm-up: We will have 1 warm-up sessions of 40 minutes. Warm-up procedures will follow the MSI guidelines. The first 30 minutes will be general warm-ups, NO DIVING. In the last 10 minutes, supervised diving and backstroke racing starts are permitted with one-way traffic.

4 Hour Rule: If an age group event for 12 and under 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.

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.

Meet Director: Fernando Reis
508 SpringHill Crossing
Brandon, MS (601) 519-3623

Meet Referee: Rock Fields
rock.fields@gmail.com

Admin Official Erica Heggie
ericaheggie@comcast.net

Started Rick Balfour

Hotels There are several hotel near the pool and in the Jackson Metro Area

Dinning & Retail Dining & Retail: Jackson Metro Area is home to many wonderful restaurants and shopping opportunities, from large department stores and unique boutiques, to specialty shops and the new Outlets Of Mississippi.

Dogwood Festival Market & Promenade www.dogwood-festival.com

Market Street - Flowood www.marketstreet-flowood.com

Outlets of Mississippi <http://www.outletsofms.com/>

Renaissance at Colony Park <http://www.renaissanceatcolonypark.com/>

Order of Events

Saturday AM Session
Warmup 7:30 AM Meet Starts 8:45 AM

<u>Girls</u>	<u>Event</u>	<u>Boys</u>
1	10&Under 200 IM	2
3	11 – 12 200 IM	4
5	13&Over 200 IM	6
7	8&Under 25Free	8
9	9 – 10 50 Free	10
11	11 – 12 50 Free	12
13	13 & Over 100 Free	14
15	8&Under 50 Breast	16
17	9 – 10 100 Breast	18
19	11 – 12 100 Breast	20
21	13&Over 100 Breast	22
23	8&Under 25 Back	24
25	9 – 10 50 Back	26
27	11 – 12 50 Back	28
29	13&Over 100 Back	30
31	8&Under 25 Fly	32
33	9 – 10 50 Fly	34
35	11 – 12 50 Fly	36
37	13&Over 200 Fly	38
39	8&Under 100 Free	40
41	9 – 10 200 Free	42
43	11 – 12 200 Free	44
45	13 & Over 200 Free Relay	46
47	11 – 12 200 Free Relay	48
49	10 & Under 100 Free Relay	50
51	13&Over 500 Free	52

Sunday October 1st
Warmup 7:30 AM Meet Start 8:45 AM

<u>Girls</u>	<u>Event</u>	<u>Boys</u>
53	8&Under 50 Free	54
55	9 – 10 100 Free	56
57	11 – 12 100 Free	58
59	13 & Over 50 Free	60
61	8&Under 25 Breast	62
63	9 – 10 50 Breast	64
65	11 – 12 50 Breast	66
67	13&Over 200 Breast	68
69	8&Under 50 Back	70
71	9 – 10 100 Back	72
73	11 – 12 100 Back	74
75	13&Over 200 Back	76
77	8&Under 50 Fly	78
79	9 – 10 100 Fly	80
81	11 – 12 100 Fly	82
83	13&Over 100 Fly	84
85	8&Under 100 IM	86
87	9 – 10 100 IM	88
89	11 – 12 100 IM	90
91	13& Over 200 Free	92
93	10&Under 100 Medley Relay	94
95	11 – 12 100 Medley Relay	96
97	13&Over 200 Medley Relay	98

** Meet management reserves the right to insert breaks
to insure there is enough time between swimmers events**

PEAQ FALL INVITATIONAL

CLUB NAME: _____ ABBREVIATION _____

COACHES: _____

TEAM ADDRESS _____

PHONE: _____

NUMBER OF INDIVIDUAL ENTRIES _____ @\$5.00/ENTRY=\$ _____

NUMBER OF RELAY ENTRIES _____ @\$10.00/RELAY=\$ _____

NUMBER OF TOTAL ATHLETES _____ @\$5.00/MSI CHARGE=\$ _____

NUMBER OF TOTAL ATHLETES _____ @\$5.00/Facility Charge=\$ _____

TOTAL AMOUNT OF FEES ENCLOSED = \$ _____

IN CONSIDERATION OF THE ACCEPTANCE OF THIS ENTRY, WE WAIVE ANY AND ALL CLAIM AGAINST USS OR MS SWIMMING, PEAQ Aquatics, AND THE Cypress Lake Swim & Tennis AND ITS EMPLOYEES.

SIGNATURE OF COACH OR CLUB REPRESENTATIVE:

Mail entries to: **Fernando Reis**
508 Springhill Xing
Brandon, MS 39047
fernandoabreis@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.

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