

MAKOS FALL INVITATIONAL 2017  
UNIVERSITY WELLNESS CENTER - FLOWOOD  
OCTOBER 6-8, 2017

SANCTION: Held under the sanction of USS and MSI. MSI Sanction MSI# 1734

LOCATION: University Wellness Center - Flowood  
2625 Courthouse Circle  
Flowood, MS 39232  
Tel. # 932-4800

FACILITIES: Indoor 50 meter x 25 yd pool, 10 lanes competition course with warm-up and warm-down available. Daktronics timing with 10 lane scoreboard: 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 changing is prohibited. 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.

There will be Concessions/Hospitality.

WATER DEPTH: Starting end depth 4 ½ ft.; midpoint depth 4 ½ ft.; turn end depth 4 ½ft.

TIME:	Friday P.M.	Warm-ups: 5:00 P.M. Competition: 6:00 P.M.
	Saturday & Sunday A.M.	Warm-ups: 7:30 A.M. Competition: 8:30 A.M.
	Saturday P.M.	Warm-ups: not before 12:00 P.M.
	Sunday P.M.	Warm-ups: not before 11:30 A.M. Competition 1 hr after warm-ups begin

RULES: Current USS Rules will govern the meet.

ELIGIBILITY: Invited teams and swimmers only. The age of the swimmer on October 6, 2017 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.**

COACHES: Coaches must be current USS Coach Members in order to perform deck duties. If a coach is not certified, he/she may observe the meet as any other observer, 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 450 swimmers. Each swimmer is limited to FOUR individual events, plus ONE relay per day.

All improperly filled entry forms, those without fees or those received after 450 swimmers is reached will be returned and the team representative will be notified by phone. We use the HY-TEK Computer program. If you are also using HY-TEK, please send us your entries on diskette, with the hard copy. This will make our job easier and insure accuracy. All other requirements remain.

ENTRY FEES: \$3.00 per individual event  
\$5.00 facility fee  
\$5.00 MSI surcharge per swimmer  
\$8.00 per relay event

Make checks payable to **MISSISSIPPI MAKOS**

ENTRY DEADLINE All entries must be in the hands of Brian Ware no later than **Thursday, September 28, 2017**

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: Brian Ware  
2625 Courthouse Cir.  
Flowood, MS 39232 (601) 209-3187  
OR e-mail to: [brianjayware@gmail.com](mailto:brianjayware@gmail.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 preseeded 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. Event 3 & 4 will have positive check in and swim fastest to slowest alternating girls and boys heats.

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 12 and unders 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: 11-9-8-7-6-5-4-3-2-1  
Relay events: double points  
Event 3 & 4 will swim together and score separately (11-12, 13-14, 15&over)

AWARDS: First through Third: Medals  
Fourth-Tenth: Ribbons  
Individual High point trophy will be awarded to each boy/girl age group  
Senior events do NOT count for individual age-group high point award  
Team trophies: First through Third

Timers & Officials Each participating team will be assigned timing assignments according to the size of the team. We also ask for a list of officials willing to work.

DIRECTIONS: The University Wellness Center is located just off Lakeland Dr. From I-55, travel east on Lakeland Dr. (aka Highway 25) for about 2.7 miles. You will pass several gas stations and restaurants on your right (Schlotzsky's, Krystal, etc.). You will be turning right at the light after Schlotzsky's. At this intersection you will see the Ergon/ Mirror Lake office building on your right (4-5 story mirrored glass building) and a Texaco gas station. Take a right. Take your first right onto Courthouse Circle. The Wellness Center will be on your left.

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.

MEET DIRECTOR: Brian Ware  
2625 Courthouse Cir.  
Flowood, MS 39232 (601) 209-3187

MEET REFEREE Martin McGee  
601-672-5901

### Friday Afternoon Session

Event Girls	Age Group	Distance/ Stroke	Event Boys
1	10-U	200 IM	2
3	11 & Over	500 Free	4

\*\* Event 3 and 4 will be swum fastest to slowest alternating girls and boys heats.  
They will be scored and awarded 11-12, 13-14, 15&over.  
These events are positive check in by 5:30 p.m. \*\*

### Saturday Morning Session

Event Girls	Age Group	Distance/ Stroke	Event Boys
5	8-U	100 Free Relay	6
7	10-U	100 Free Relay	8
9	6-U	25 Back	10
11	7-8	25 Back	12
13	9-10	50 Back	14
15	8-U	50 Breast	16
17	9-10	100 Breast	18
19	6-U	50 Free	20
21	7-8	50 Free	22
23	9-10	100 Free	24
25	6-U	25 Fly	26
27	7-8	25 Fly	28
29	9-10	50 Fly	30
31	8-U	100 IM	32
33	9-10	100 IM	34

### Saturday Afternoon Session

35	11-12	200 Free Relay	36
37	13-14	200 Free Relay	38
39	Senior	200 Free Relay	40
41	11-12	50 Back	42
43	13-14	100 Back	44
45	Senior	100 Back	46
47	11-12	100 Breast	48
49	13-14	200 Breast	50
51	Senior	200 Breast	52
53	11-12	100 Free	54
55	13-14	100 Free	56
57	Senior	100 Free	58
59	11-12	50 Fly	60
61	13-14	100 Fly	62
63	Senior	100 Fly	64
65	11-12	100 IM	66
67	13-14	200 IM	68
69	Senior	200 IM	70

### Sunday Morning Session

Event Girls	Age Group	Distance/ Stroke	Event Boys
71	8-U	100 Medley Relay	72
73	10-U	100 Medley Relay	74
75	8-U	100 Free	76
77	9-10	200 Free	78
79	6-U	25 Breast	80
81	7-8	25 Breast	82
83	9-10	50 Breast	84
85	8-U	50 Back	86
87	9-10	100 Back	88
89	6-U	25 Free	90
91	7-8	25 Free	92
93	9-10	50 Free	94
95	8-U	50 Fly	96
97	9-10	100 Fly	98

### Sunday Afternoon Session

Event Girls	Age Group	Distance/ Stroke	Event Boys
99	11-12	200 Medley Relay	100
101	13-14	200 Medley Relay	102
103	Senior	200 Medley Relay	104
105	11-12	200 Free	106
107	13-14	200 Free	108
109	Senior	200 Free	110
111	11-12	50 Breast	112
113	13-14	100 Breast	114
115	Senior	100 Breast	116
117	11-12	100 Back	118
119	13-14	200 Back	120
121	Senior	200 Back	122
123	11-12	50 Free	124
125	13-14	50 Free	126
127	Senior	50 Free	128
129	11-12	100 Fly	130
131	13-14	200 Fly	132
133	Senior	200 Fly	134



**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 or physical reason why he or she should not participate in USA Swimming competition.

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date