**MSA Trick or Treat Invitational**

**October 20-22, 2017**

**Hosted by:** Meridian Swimming Association and Meridian Community College

**Sanction:** Held under the sanction of USA Swimming and Mississippi Swimming, Inc.

Sanction: 1736

**Location:** Damon Fitness Center

Meridian Community College

910 Hwy 19 North

Meridian, MS 39307

601-484-8726

<http://www.mcc.cc.ms.us/fitnesscenter/images/fitness_center_map.pdf>

**Facilities:** Indoor 25 meter pool; 6 lanes using non-turbulent lane lines; Colorado Timing System, touch pads with backup; 6 line scoreboard and computer interface with Hy-Tek Meet Manager; starting blocks to be used at the deep end. There will be no tobacco products or alcohol on the pool deck or any area frequented by swimmers. Concessions/hospitality will be available at the pool, ample deck space. Lifeguards will be on duty. Parking is available adjacent to Damon Fitness Center. Use of audio or visual recording devices, including cell phones, is not permitted in changing areas, rest rooms or locker rooms. Deck changings are prohibited. Operations of a drone, or any flying apparatus, are 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.

The competition course has not been certified in accordance with 104.2.2C(4). Average water depth, measured in accordance with 202.3.7 is 10 feet at the start end and 4 feet at the turn end.

**Eligibility:** The meet is open to all USA registered swimmers. Any swimmer entered in the meet must be certified by a USA Swimming coach member as being proficient in performing a racing start or must start each race from within the water. When unaccompanied by a member-coach, it is the responsibility of the swimmer or the swimmer’s legal guardian to ensure compliance with this requirement. Age of swimmer as of October 20, 2017 will determine the age of the duration of the meet. If 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.

**Meet Format:** All events will be conducted in short course meters and scored as timed finals in accordance with the rules of USA Swimming. Meet Management reserves the right to adjust event limits, if necessary, based upon entries. This may include combining heats and events, which actions may require reseeding. **After receiving all entries, the Meet Committee reserves the right to combine sessions.** All events will be pre-seeded. The host team reserves the right to limit the number of heats in deck-seeded events in order to run the meet in the allotted time. All entries will need to be sent in SCM. All times listed in the psych sheet, heat sheets and results will be reported in SCM**. Meet host reserves the right to add in five (5) minutes breaks after a pre-determined number of events if there is fewer than 100 participants.**

**Coaches:** An individual must be a current coach member of USA Swimming to perform coaching duties. Non-certified coaches may observe the meet, but should not sit in coach’s area. COACHES PACKETS WILL BE GIVEN TO THOSE COACHES PRESENTING CREDENTIALS.

**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.

**Limit of**

**Events:** Swimmers are limited to five (5) individual events and one (1) relay per day.

**Entries:** Please use Hy-Tek software for entries. All entries must include: first and last name, age, USA number, events and best times in SCM (Short Course Meters) for the events entered.

**Meet Entry**

**Limit:** 200 Swimmers per session

Meet host reserves the right to exceed these numbers by no more than 15% to prevent the splitting of teams.

**Entry**

**Deadline:** Entries must be received **via EMAIL by 11:00 pm CST on October 13, 2017.**

**Late Entries:** Late entries may be accepted on a “lane available” basis. No new heats will be created. Late entries will not appear in the heat sheet.

**Entry Fees:** $12.00 facility surcharge per swimmer

$5.00 MSI surcharge per swimmer

$4.00 per individual event

$10.00 per relay event

**Payment:** Make checks payable to MSA.

**Email**

**Entries to:**  [wadeheggie@comcast.net](mailto:wadeheggie@comcast.net)

Meridian Community College

Wade Heggie  
 910 Highway 19 North

Meridian, MS 39307

**Scoring:** Individual events: 9,7,6,5,4,3,2,1

Relay events: 18,14,12,10,8,6,4,2

**Awards:**  Ribbons for 1st-8th

Individual High Point Awards for each age group/sex

No Team awards

**Swim Wear:** Swim Wear will be according to Article 102.8 of USA Swimming

Rules and Regulations. 102.8 Swimwear, .1 Design, A. Swimsuits

worn for all 12 & under age group defined competition shall not

cover the neck, extend past the shoulder, nor past the knee.

**Warm-Up:** MSI safety guidelines and procedures are in effect for this meet. Diving is not allowed in lanes with two way traffic. Diving is permitted only with the direct supervision of a USA Swimming registered coach.

**Schedule:** Friday p.m. Warm-ups 5:00 p.m.- 6:00 p.m.

Competition 6:00 p.m.

Saturday a.m. Warm-ups 8:00 a.m.-9:00 a.m.

Competition 9:15 a.m.

Saturday p.m. Warm-ups not before 11:30 a.m.

Competition 1 hour after warm-ups begin

Sunday a.m. Warm-ups 8:00 a.m.-9:00 a.m.

Competition 9:15 a.m.

Sunday p.m. Warm-ups not before 11:30 a.m.

Competition 1 hour after warm-ups begin

Warm-ups may be split or more time added if needed. Teams will be notified if there is a change.

**Seeding:** The meet will be pre-seeded according to current USA Swimming rules for timed finals. Entries submitted without times or unreadable times will be seeded at NT (No Time).

**Scratches:** USA-Swimming Scratch rules for timed finals will be in effect. No swimmer may scratch from an entered event and then enter another event unless they are swimming a time trial. No swimmer may enter a later event to make up for a missed event.

**Four Hour**

**Rule:** If an age group event for swimmers 12 years old 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.

**Officials:** Certified officials who are members of USA Swimming and are available to work the meet are asked to notify the Meet Referees by email.

**Meet Director: Referee: Admin-Official**

Wade Heggie JoAnn Goff Erica Heggie

601-484-8763 601-317-7090 601-595-1740

[wadeheggie@comcast.net](mailto:wadeheggie@comcast.net) ericaheggie@comcast.net

**Session I**

Friday afternoon

Warm-up 5:00 p.m./Competition at 6:00 p.m.

Girls Event Boys

1 12 & Under 400 Free Relay 2  
3 11-12 400 Free Relay 4

5 13-14 400 Free Relay 6

7 Senior 400 Free Relay 8

10 minute break

9 10 & Under 200 IM 10

11 11-12 200 IM 12

5 minute break

13 Mixed 800 Free 13

14 Mixed 1,500 Free 14

**Note: 800 Free will be scored out as 10 and under, 11-12, and 13-14, and Senior.**

**The 1,500 will be scored out as 14 and under, and Senior.**

**Session II**

Saturday a.m.

Warm-up at 8:00 a.m./ Competition at 9:15

Girls Event Boys

15 8 & Under 100 Medley Relay 16

17 10 & Under 100 Medley Relay 18

19 8 & Under 100 IM 20

21 9-10 100 IM 22

23 6 & Under 25 Free 24

25 7-8 25 Free 26

27 9-10 50 Free 28

29 6 & Under 50 Breast 30

31 7-8 50 Breast 32

33 9-10 100 Breast 34

35 6 & Under 25 Fly 36

37 7-8 25 Fly 38

39 9-10 50 Fly 40

41 6 & Under 50 Back 42

43 7-8 50 Back 44

45 9-10 100 Back 46

**Session III**

Saturday p.m.

Warm-ups not before 11:30/ Competition one hour after warm-up

47 11-12 200 Medley Relay 48

49 13-14 200 Medley Relay 50

51 Senior 200 Medley Relay 52

53 11-12 100 IM 54

55 13-14 200 IM 56

57 Senior 200 IM 58

59 11-12 100 Free 60

61 13-14 100 Free 62

63 Senior 100 Free 64

65 11-12 100 Breast 66

67 13-14 200 Breast 68

69 Senior 200 Breast 70

71 11-12 50 Fly 72

73 13-14 100 Fly 74

75 Senior 100 Fly 76

77 11-12 50 Back 78

79 13-14 100 Back 80

81 Senior 100 Back 82

10 minute break

83 Senior 400 Free\* 84

**\*Note: 400 Free will be scored out as 10 and under, 11-12, 13-14 and Senior.**

**Session IV**

Sunday a.m.

Warm-up 8:00 a.m. / Competition 9:15 a.m.

85 8 & Under 100 Free Relay 86

87 10 & Under 100 Free Relay 88

89 8 & Under 100 Free 90

91 9-10 200 Free 92

93 6 & Under 25 Breast 94

95 7-8 25 Breast 96

97 9-10 50 Breast 98

99 6 & Under 50 Free 100

101 7-8 50 Free 102

103 9-10 100 Free 104

105 6 & Under 25 Back 106

107 7-8 25 Back 108

109 9-10 50 Back 110

111 6 & Under 50 Fly 112

113 7-8 50 Fly 114

115 9-10 100 Fly 116

**Session V**

Sunday p.m.

Warm-ups not before 11:30/ Competition one hour after warm-up

117 11-12 200 Free Relay 118

119 13-14 200 Free Relay 120

121 Senior 200 Free Relay 122

123 11-12 200 Free 124

125 13-14 200 Free 126

127 Senior 200 Free 128

129 11-12 50 Breast 130

131 13-14 100 Breast 132

133 Senior 100 Breast 134

135 11-12 100 Back 136

137 13-14 200 Back 138

139 Senior 200 Back 140

141 11-12 50 Free 142

143 13-14 50 Free 144

145 Senior 50 Free 146

147 11-12 100 Fly 148

149 13-14 200 Fly 150

151 Senior 200 Fly 152

10 minute break

153 Senior 400 IM\*\* 154

**\*\*Note: 400 IM will be scored out as 10 and under, 11-12, 13-14, and Senior**

**Mississippi Swimming, Inc.**

**INFORMATION FORM FOR DISABLED SWIMMERS**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YY)**

**EVENTS TO BE SWAM \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/**

**TYPE OF DISABILITY:**

**BLIND \_\_\_\_\_ MENTALLY RETARDED \_\_\_\_\_ DEAF \_\_\_\_\_ PHYSICAL \_\_\_\_\_**

**OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**ATHLETE’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/she should not participate in United States Swimming Competition.**

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

**Physician’s Signature Date**

**TEAM ENTRY SUMMARY SHEET**

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

**ABBREVIATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

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

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

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

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

**TEAM Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Swimmers (MSI Surcharge) \_\_\_\_\_\_\_\_\_\_\_ x $5.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facility Charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x $12.00=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number Individual Entries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x $4.00=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Relay Entries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x $10.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Entry Fees Total Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELEASE**

**On behalf of each of the listed competitors, I understand and agree that USA Swimming, Inc., Mississippi Swimming, Inc., Meridian Swim Association, City of Meridian, MS, and Meridian Community College, and shall be free of all liabilities or claims for loss of valuables or damages arising by any reason of injuries to anyone during travel to or from this meet or during conduct of this meet or during any social gathering associated with this meet and expressly agree to waive claim as condition of being allowed to enter this meet.**

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**