



**Saint Nick's 8 & Under Invitational
December 12, 2009
Hosted by Excel Aquatics**

Sanctioned by USA Swimming and Southeastern Swimming, Inc.

USA SANCTION #: 09SEXCEL12-12

- HOSTED BY** Excel Aquatics
920 Heritage Way
Brentwood, TN 37027
615-370-3471, ext. 23
- LOCATION** Williamson County Indoor Sports Complex
920 Heritage Way
Brentwood, TN 37027
- FACILITY** POOL - Two Indoor 8-lane, 25-yard competition pool. Non-turbulent lane lines.
7 foot minimum, 9-foot maximum pool depth.
Paddock racing blocks for all events of 50 yards or longer.
Warm-ups lanes available at all times. Spectator seating for approximately 750 people. No outside food or coolers are allowed inside the pool area.
- TIMING** Fully automatic Daktronics electronic timing system and two scoreboards with lane, time, place display. 1-button backup with manual watch time.
- MEET DIRECTOR(S)** TBD
- MEET REFEREE** Kim Sargent a4c@aol.com
- Visiting officials are welcome and encouraged to assist. Please contact Kim Sargent if you are interested in working.
- ENTRY CHAIRPERSON** Kate Chronic
c/o Excel Aquatics
920 Heritage Way
Brentwood, TN 37027
847-830-7946
chronicks@aol.com
- FORMAT** Timed finals for all events. The Host Club reserves the right to swim all events in one or two pools.
Warm-Ups Not before 12:00 noon
Start Not before 12:45 PM
- ELIGIBILITY** Swimmer's age as of December 12, 2009 will determine his or her age for the entire meet. Only USA Swimming registered athletes are eligible. All swimmers must be registered prior to competing. Entries listed as "registration applied for" will not be accepted.
- ENTRIES** Swimmers may enter up to five (5) individual events. Entry times should be in Short Course Yards (SCY). The preferred method of entry is email. Teams must submit their entry in a zipped file via email. A printed report including full name, USA number, event numbers, and entry times of all swimmers must be included with the entry. This report will serve as the official entry form. Individual entries and a signed release with fee summary must be mailed within 72 hours of the meet entry deadline. Your team will be notified if there is a change in the order of events.

EMAIL ENTRIES

The following guidelines must be followed for email entries:

1. Official entry forms and all entry fees and swimmer surcharges are due within 72 hours or receipt of entry.
2. Email entries must be zipped so that it arrives to the entry chair intact.
3. The club's entire entry must be sent in one email. Please do not flood the entry chair with several emails which compose one single team entry.

ENTRY FEES

\$4.50 per individual event (\$5.00 per late/deck entry)

\$10.00 per relay event (\$12.00 per late/deck entry)

\$3.00 per swimmer facility surcharge

\$3.00 surcharge per swimmer (if team is a member of SES).

\$5.00 Non-SES surcharge per swimmer (if team is outside Southeastern Swimming LSC)

Make checks payable to Excel Aquatics.

NOTE: Late/deck entries will be accepted until one half hour before the start of the meet based on lane availability. No new heats will be formed. All entry fees are non-refundable.

ENTRY DEADLINE

All entries must be sent to the Entry Chair. Entries will not be accepted prior to Friday, November 6, 2009, at 8:00am CST and will not be accepted after 11:59pm Tuesday, November 24, 2009.

RULES & SAFETY

All current USA Swimming and SES Rules & Regulations apply.

All USA Swimming and SES safety rules will be strictly enforced.

USA SWIMMING MEMBERSHIP

Insurance regulations require that all swimmers, coaches, judges, starters, and referees be a current member of USA Swimming, Inc. It is each club's responsibility to register their swimmers, coaches and officials. Swimmers, coaches, and officials who are not current members of USA Swimming, Inc. may not participate in the meet nor be on the pool deck. Be sure to display your credentials in order to gain access to the pool deck.

SWIMMERS WITH DISABILITIES

In accordance with USA Swimming Rules, Articles 105 and 202.1.13, the Meet Referee has the authority to accommodate swimmers with disabilities. It is the responsibility of the coaches or swimmers to contact the Meet Referee with specific requests.

AWARDS / SCORING

No scoring for individual or relay events. Ribbons will be awarded for first through eighth place in all events

CLERK of COURSE

The host club reserves the right to assign all events to the Clerk of the Course.

SEEDING

All events will be seeded slowest to fastest. Be sure all entry times are in Short Course Yard (SCY) to ensure that swimmers are properly seeded.

STARTS

At the Meet Referee's discretion, fly-over starts may be implemented in order to ensure each session is completed in a timely manner.

LIMITATIONS

The host club reserves the right to limit events, heats or distance in order to ensure completion of the session with the 4-hour time rule guideline. Any entries which are cut by the host club will be refunded.

CONCESSIONS

Food and beverage will be available. No smoking is allowed anywhere on the site.

ADMISSION

Free

HEAT SHEETS

Psych sheets will be available online at www.excelaquatics.org on Monday prior to the meet.

PARKING

There are two parking lots available for the meet. Participants may park in either the main parking lot or the overflow lot. Please enter the pool through the main entrance to the Indoor Sports Complex. Pool fire exit doors will not be used for entrance.

EVALUATION

Please send any comments, suggestions, or evaluations concerning the meet to:
General Chairman
John Woods
205 Island Ave.
Chattanooga, TN 37405



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Order of Events

WARM-UP: not before 12:00 noon

COMPETITION: not before 12:45 pm

WOMEN	EVENTS	MEN
1	8 & Under 100 Medley Relay	2
3	8 & Under 25 Backstroke	4
5	8 & Under 50 Freestyle	6
7	8 & Under 25 Breaststroke	8
9	8 & Under 50 Backstroke	10
11	8 & Under 25 Fly	12
13	8 & Under 25 Freestyle	14
15	8 & Under 100 IM	16
17	8 & Under 100 Free Relay	18

**Southeastern Swimming
Information Form for Disabled Swimmers**

NAME:		AGE:	DATE OF BIRTH:		
ADDRESS:			PHONE NUMBER:		
EVENTS ENTERED:					
EVENT:	NO.	EVENT:	NO.		
EVENT:	NO.	EVENT:	NO.		
EVENT:	NO.	EVENT:	NO.		
DESCRIBE TYPE AND EXTENT OF DISABILITY (Be specific; e.g. totally or partially blind or deaf; loss of limbs, multiple disabilities):					
THE FOLLOWING PERSONS WILL ACCOMPANY THE SWIMMER FOR ANY NEEDED ASSISTANCE:		NAME:			
		NAME:			
SEIZURES?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	ARE YOU ON MEDICATION?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	MEDICATION/DOSE:	
MEDICATION/DOSE:	MEDICATION/DOSE:		MEDICATION/DOSE:		
PARENT OR GUARDIAN'S NAME:			PHONE NUMBER:		
PARENT OR GUARDIAN'S SIGNATURE:		ATHLETE'S SIGNATURE:			
PHYSICIAN'S NAME:			PHONE NUMBER:		
PHYSICIAN'S ADDRESS:					
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:		



EXCEL AQUATICS
2009 Saint Nick's 8 & Under Invitational
December 12, 2009

WAIVER, ACKNOWLEDGMENT AND LIABILITY REWAIVER, ACKNOWLEDGMENT AND LIABILITY RELEASE:

I, the undersigned coach or team representative, verify that all of the swimmers and coaches listed on the enclosed entry are registered with USA Swimming and in compliance with required certifications. I also acknowledge that I am familiar with the rules of USA Swimming and Southeastern Swimming, Inc. regarding warm-up procedures and meet safety guidelines, and that I shall be responsible for the compliance of my team's swimmers with those rules during this meet. EXCEL AQUATICS, Williamson County Government, Southeastern Swimming, Inc. and USA Swimming, Inc., their agents, officers, representatives, employees and coaches shall be free from any liability or claim for damages for any and all injuries, illnesses or damage to valuables which may be sustained at this meet or while in transit to and from this meet. I also acknowledge that by entering this meet, I am granting permission for the names of any or all of my team's swimmers to be published on the internet in the form of Psych Sheets, Meet Results or any other documents associated with the running of this meet.

I further acknowledge my understanding of the following USA Swimming rule regarding registration:

501.7 .1 All Clubs, including seasonal clubs, shall ensure that all athletes and coaches participating in USA Swimming sanctioned competition(S) are members of their LSC and USA Swimming.

.2 All coaches of USA Swimming clubs, including seasonal clubs, shall join USA Swimming as coach members and shall satisfactorily complete safety training required by USA Swimming.

302.4 False Registration – A host LSC may impose a fine up to \$100.00 per event against a member coach or a member club submitting a meet entry which indicates a swimmer is registered with USA Swimming when that swimmer or the listed club is not **properly** registered.

SIGNATURE OF COACH OR CLUB OFFICIAL:	
CLUB:	
TITLE:	DATE:

TEAM INFORMATION

CLUB NAME:		INITIALS:	
ADDRESS:			
LSC:		HEAD COACH:	
CONTACT PERSON:			PHONE NUMBER:
FAX NUMBER:		CELL PHONE:	EMAIL:
COACHES ATTENDING:	1.		
	2.		
	3.		
	4.		
CERTIFIED OFFICIALS WHO MAY WISH TO WORK:	1.		
	2.		
	3.		
	4.		
NUMBER OF SWIMMERS ENTERED:		ATTACHED:	
		UNATTACHED:	
		TOTAL:	

SUMMARY OF FEES

NUMBER OF SWIMMERS (SES):		X \$3.00 SES SURCHARGE =	
NUMBER OF SWIMMERS (NON SES):		X \$5.00 NON SES SRUCHARGE =	
NUMBER OF SWIMMERS:		X \$3.00 FACILITY SURCHAREGE =	
NUMBER OF IND. EVENTS:		X \$4.00 PER EVENT ENTRY FEE =	
NUMBER OF RELAYS:		X \$10.00 PER RELAY ENTRY FEE	
TOTAL DUE:			