



EXCEL AQUATICS
2009 Mardi Gras Open Swim Meet
 January 31-February 1, 2009



Sanctioned by USA Swimming and Southeastern Swimming, Inc.
 Sanction #: 09SEXCEL01-31

- HOST** 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 (the meet may run in one pool). Non-turbulent lane lines. 7 foot minimum, 10-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. Manual backup.
- MEET DIRECTOR** Bridget Kaegi
bkaegi@comcast.net
- MEET REFEREE** Kim Sargent
A4C@aol.com
- ENTRY CHAIRPERSON** Kate Chronic
 c/o Excel Aquatics
 920 Heritage Way
 Brentwood, TN 37027
 847-830-7946
chronicks@aol.com
- FORMAT** Timed finals with positive check-in for all events 400 yards or longer. Check-in sheets will be posted prior to the start of warm-ups, and will be removed 30 minutes prior to the start of the session. If you are not checked-in, you will be scratched from the event. Only the swimmer or his/her coach may sign in for deck-seeded events. Heat sheets with lane assignments for all events 400 or longer will be posted in the pool area as soon as all scratches have been completed.

Sessions	Warm-up Start	Deck Entry & Check-In Closes	Meet Start
Saturday & Sunday AM (8 & Under, 10 & Under)	7:00am	7:30am	8:00am
Saturday & Sunday PM (11-12, 13 & Over)	12:00noon*	12:30pm*	1:00pm*

*denotes approximate time (warm-ups will not start prior to the posted time)

ELIGIBILITY Swimmer's age as of January 31, 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 per day. 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. 13-14 and Senior events will be swum together and scored separately. In the event that there are not enough entries to justify a two-session meet, Excel reserves the right to create a one session meet on both Saturday and Sunday. 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

\$4.00 per individual event (\$5.00 per late/deck entry)
\$10.00 per relay event (\$12.00 per late/deck entry)
\$3.00 surcharge for each swimmer entered per SES requirements.
\$5.00 per club for any club not a member of Southeastern Swimming
Make checks payable to Excel Aquatics.

NOTE: Late/deck entries will be accepted until one half hour before the start of each session on Saturday and Sunday, 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 Monday, December 22, 2008, at 8:00am CST and will not be accepted after 11:59pm Monday, January 19, 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 individual events for all age groups.

CLERK of COURSE

The host club reserves the right to assign 10 & Under 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. 13-14 and Senior events will be swum together and scored separately.
- 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/age_group 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.
- MEET EVALUATIONS:** Please send any comments, suggestions, or evaluations concerning
The meet to:

John Woods, General Chairman, SES
flipper@gps.edu
205 Island Ave.
Chattanooga, TN 37405



EXCEL AQUATICS
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Order of Events

Saturday, January 31, 2009
Morning Session

Warm up: 7:30 AM

Meet: 8:30 AM

Girls	Age Group	Event Description	Boys
1	8&U	50 yd Freestyle	2
3	10&U	100 yd. Freestyle	4
5	8&U	100 yd IM	6
7	10&U	100 yd. IM	8
9	8&U	25 yd Breaststroke	10
11	10&U	50 yd. Breaststroke	12
13	8 & U	50 yd. Butterfly	14
15	10&U	100 yd. Butterfly	16
17	8&U	25 yd Backstroke	18
19	10&U	50 yd. Backstroke	20
21	8&U	100 yd Free Relay	22
23	10&U	200 yd. Free Relay	24
		5-minute break at Referee's discretion	
25	10&U	500 yd. Freestyle*#	26

Saturday, January 31, 2009

Afternoon Session

Warm up: not before 12:00 PM Meet: not before 1:00 PM

Girls	Age Group	Event Description	Boys
27	11-12	200 yd. IM	28
29	13&Over	200 yd. IM	30
31	11-12	50 yd. Breaststroke	32
33	13&Over	50 yd. Breaststroke	34
35	11-12	100 yd. Freestyle	36
37	13&Over	100 yd. Freestyle	38
39	11-12	100 yd. Breaststroke	40
41	13&Over	100 yd. Breaststroke	42
43	11-12	100 yd. Butterfly	44
45	13&Over	100 yd. Butterfly	46
47	11-12	200 yd. Backstroke	48
49	13&Over	200 yd. Backstroke	50
51	11-12	50 yd. Butterfly	52
53	13&Over	50 yd. Butterfly	54
		10-MINUTE BREAK	
55	11-12	500 yd. Freestyle*#	56
57	13&Over	500 yd. Freestyle*#	58

*Deck seeded, swum fastest to slowest. Positive check-in required in order to swim.
 Sign-in deadlines: for the morning session swimmers - 8:30 AM and for the afternoon swimmers 30 minutes prior to the beginning of the afternoon session.
 #Alternating girls and boys heats.

Sunday, February 1, 2009**Morning Session**

Warm up: 7:30 AM Meet: 8:30 AM

Girls	Age Group	Event Description	Boys
59	8&U	25 yd Freestyle	60
61	10&U	50 yd. Freestyle	62
63	8&U	50 yd Breaststroke	64
65	10&U	100 yd. Breaststroke	66
67	8&U	25 yd Butterfly	68
69	10&U	50 yd. Butterfly	70
71	8&U	50 yd Backstroke	72
73	10&U	100 yd. Backstroke	74
75	8&U	100 yd Medley Relay	76
77	10&U	200 yd. Medley Relay	78
79	10&U	200 yd. IM	80

Sunday, February 1, 2009**Afternoon Session**

Warm-up: not before 12:00 Meet: not before 1:00

Girls	Age Group	Event Description	Boys
81	11-12	200 yd. Freestyle	82
83	13&Over	200 yd. Freestyle	84
85	11-12	100 yd. Backstroke	86
87	13&Over	100 yd. Backstroke	88
89	11-12	200 yd. Butterfly	90
91	13&Over	200 yd. Butterfly	92
93	11-12	50 yd. Freestyle	94
95	13&Over	50 yd. Freestyle	96
97	11-12	200 yd. Breaststroke	98
99	13&Over	200 yd. Breaststroke	100
101	11-12	50 yd. Backstroke	102
103	13&Over	50 yd. Backstroke	104
		10 MINUTE BREAK	
105	11-12	400 yd. IM*#	106
107	13&Over	400 yd. IM*#	108

*Deck seeded, swum fastest to slowest. Positive check-in required in order to swim. Sign-in deadlines: for the morning session swimmers - 8:30 AM and for the afternoon swimmers 30 minutes prior to the beginning of the afternoon session.

#Alternating girls and boys heats.

**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:	



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WAIVER, 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:		X \$3.00 SES SURCHARGE	=	
NUMBER OF IND. EVENTS:		X \$4.00 PER EVENT ENTRY FEE	=	
NUMBER OF RELAYS:		X \$10.00 PER RELAY FEE	=	
OUT OF LSC SURCHARGE:		X \$5.00 PER NON-SES CLUB	=	
TOTAL DUE:				

ENTRY FORM
Times should be in SHORT COURSE YARDS
Please duplicate as needed

		EVENT #	EVENT NAME	BEST TIME	EVENT #	EVENT NAME	BEST TIME
NAME OF SWIMMER							
USS REGISTRATION NO.							
DATE OF BIRTH	SEX						
NAME OF SWIMMER							
USS REGISTRATION NO.							
DATE OF BIRTH	SEX						
NAME OF SWIMMER							
USS REGISTRATION NO.							
DATE OF BIRTH	SEX						
NAME OF SWIMMER							
USS REGISTRATION NO.							
DATE OF BIRTH	SEX						