

PNY Swimmin'
2008 PNY SPRING FLING
March 8, 2008

The meet will be conducted under the auspices of Southeastern Swimming, Inc. of United States Swimming, the rules of which will apply.

Sanctioned by Southeastern Swimming, Inc.

SANCTION #: 08SEPNY3-8

HOSTED BY:

PNY Seahawk Swimmin' 401 North 57th Avenue Pensacola, FL 32506 850-554-0625 monymony@gte.net

LOCATION:

Bodenhamer Recreation Center 310 W. 19th Ave Gulf Shores, AL 36542 251-968-4420

FACILITIES: 6-lane, 25 yard indoor competition pool with a 4 foot minimum depth, non-turbulent lane lines and fully automatic Colorado electronic timing system. The deep end of this beautiful L-shaped pool can be made available for warmdown.

RULES: 2006 USS rules will govern the conduct of the meet unless otherwise noted herein.

OFFICIALS: Meet Director: Trey Balog
850-554-0625

Referee: Michael Balog

Meet Marshall: Trey Balog

Starter: Ralph Roetzer

ELIGIBILITY: All participants must be USA Swimming registered athletes. Entries will not be accepted without 2008 registration numbers. Coaches and officials must present evidence of certification as required by Southeastern Swimming. A swimmer's age on the first day of the meet will determine his or her age for the entire meet.

WARM UP: **Southeastern Swimming Meet Safety Guidelines and Warm-up Procedures will be in effect at this meet.** The Meet Director will post and announce the warm-up assignments prior to the start of the meet warm-up. Swimmers attending the meet without a coach must report to the Meet Director or Referee to be assigned a coach for warm-up prior to each session.

STARTING TIMES: Warm-up

Saturday AM: 8:00 AM

Saturday PM: immediately following AM Session

Competition

9:00 AM

1 hour after beginning of warmup of Session 2.

ENTRIES: Teams who have HYTEK'S Meet/Team Manager should submit their entries on a 3-1/2" disk (please send in COMMLink file format or WIN-MM format). E-mailed HYTEK entries will be accepted. Entry forms must be completely filled out including the swimmers' best times for yards. Please provide a written copy of entries for verification purposes. Disks with results will be returned at the end of the meet.

DISABILITIES: Swimmers with disabilities are welcome and must complete the Information Form for Disabled Swimmers and return it with the entries.

DEADLINE: Entry disks and/or printouts, summary/release sheets, and entry fees including surcharges must be received by the Entries Chairman on or before Tuesday, March 4, 2008. **Late entries** will be accepted for available lanes only until Saturday, March 8, 2008, until 1:00 PM. No new heats will be formed at any time.

Completed entries should be mailed to:

Trey Balog
401 North 57th Avenue
Pensacola, FL 32506
850-554-0625
or e-mailed to coach.trey@pnyswimteam.org

FEES: \$3.00 per individual event; \$3.00 per swimmer SES surcharge.
Late fees: \$4.00 per individual event.

Please make checks payable to: ADG-PNY Inc. All entry fees are nonrefundable.

LIMITS: Swimmers are limited to 4 individual events per day, exclusive of relays. Entries will be limited to 180 swimmers per session. 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.

MEET FORMAT: This is a timed finals meet. All events will be pre-seeded.

SCORING: There is no individual or team scoring for this event.

AWARDS: Ribbons will be awarded for first through sixth place in all individual events for each individual age and each gender. (5 & Under, 6,7,8,9,10,11,12,13,14,15,16,17,18, and 18+ both male and female.)

COACHES' MEETING: A coaches' meeting will be held at 08:50. No swimmers will be allowed in the pool during this time.

MEET EVALUATIONS:

Please send any comments, suggestions, or evaluations concerning the meet to:

John Woods
205 Island Ave
Chattanooga, TN 37405

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.

Type of disability (describe): _____

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 persons will accompany the swimmer for any needed assistance:

Seizures? Yes _____ No _____

Are You on Medication? Yes _____

Type of Medication

Dose

Parent or Guardian's Name: _____ Phone No: _____

Parent or Guardian's Signature: _____

Athlete's Signature: _____

Physician's Name: _____ Phone No.: _____

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.

Physicians Signature: _____ Date: _____

Waiver of Claim Form

In consideration of the acceptance of this entry and on behalf of each of the listed competitors we _____ hereby waive and release any and all claims against the United States Government, NTTC Corry Station, NAS Pensacola, the Aquatic Development Group, Inc., the Pensacola Navy Youth Swim Team, Bodenhamer Recreation Center and the City of Gulf Shores, United States Swimming, Inc. and Southeastern Swimming, Inc. and their officers, agents and representatives for any and all injuries which may be sustained at this meet or while in transit to and from this meet. We _____ expressly agree to waive claim as condition of being allowed to enter this meet. Further, we _____ affirm that all athletes entered in this meet and all coaches are current members of United States Swimming and that all coaches are in compliance. I hereby affirm that all of the swimmers we are entering in this meet are members in good standing of United States Swimming. I further affirm that all coaches for this team are listed on this document and are Coach members of United States Swimming.

Signature of coach or club official _____

CLUB _____

Date: _____ Title: _____

Team Information

Team Name: _____ Initials: _____

Email Address : _____

LSC: _____ Coach: _____

Address: _____

Phone: (W) _____ (H) _____

Person to contact for questions on entry: _____

Phone: (W) _____ (H) _____

Certified Officials who may wish to work:

1. _____ 2. _____

3. _____ 4. _____

Entry Recap

Total Number of Swimmer Surcharges _____ x \$3.00 = \$ _____

Total Number of Individual Events Entered _____ x \$3.00 = \$ _____

Total Amount Enclosed \$ _____

Order of Events

EACH INDIVIDUAL AGE (5 & Under, 6,7,8,9,10,11,12,13,14,15,16,17,18, and 18+) WILL BE SEEDED TOGETHER BUT SCORED SEPARATELY.

SATURDAY (3/08/08)

AM Session - Begins at 9:00

G	B		
1	2	12 and Under	100 Freestyle
3	4	12 and Under	50 Back
5	6	12 and Under	50 Breast
7	8	12 and Under	50 Fly
9	10	12 and Under	50 Free
11	12	12 and Under	100 IM

PM Session – Begins after Morning Warmup

G	B		
13	14	11 and Older	50 Free
15	16	11 and Older	100 Back
17	18	11 and Older	100 Breast
19	20	11 and Older	100 Fly
21	22	11 and Older	100 Free
23	24	11 and Older	200 IM