

2010 MTAC “IMX” Challenge January 2 –3, 2010

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 #: 10SEMTAC1-2

HOSTED BY:

Memphis Thunder Aquatic Club

LOCATION:

Compton Aquatic Center, St. George's High School, 1880 Wolf River Road, Collierville, TN 38017

FACILITIES: 8-lane, 50 meter or 20 lane, 25 yard competition pool with a 6 foot minimum depth, non-turbulent lane lines and fully automatic Daktronic electronic timing system and scoreboard with lane/time/place display. Warm-up/down lanes will be available.

SPECTATORS: Seating for 350 available on bleachers in pool area. Adjacent common area is available for swimmers. **NO SMOKING, OUTSIDE FOOD OR COOLRS ALLOWED INSIDE THE VENUE.**

CONCESSIONS: Will be available.

HOSPITALITY: Drinks and snacks will be provided to coaches, officials and all-day meet workers.

RULES: Current USA Swimming rules will govern the conduct of the meet unless otherwise noted herein. Safety rules as outlined by USA Swimming and as recommend by the referee will be in effect.

OFFICIALS: Meet Director: Mindy Schwartzberg

Referee/Starter: Brian Chappell

ELIGIBILITY: All participants must be USA Swimming registered athletes. Entries will not be accepted without 2010 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.

MEET FORMAT: This is a timed finals meet. All events will be pre-seeded except the 500 free and 400 IM, which will be deck-seeded events. Swimmers must sign-in with the Clerk of Course for all deck-seeded events. Sign-in deadlines are 30 minutes prior to the start of the session. If the swimmer is not checked in with the Clerk of Course, the swimmer is legally scratched from the event. Only the swimmer or his/her coach may sign in for deck-seeded events.

Host team reserves the right to reorder event numbers prior to the start of the meet based on the timeline generated from meet entries to ensure the timely completion of a session and/or adequate rest between events for the athletes.

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:	<u>Warm-up</u>	<u>Competition</u>
Saturday AM:	8:00 AM	9:30 AM
Sunday AM:	8:00 AM	9:30 AM

ENTRIES: Teams who have HYTEK'S Meet/Team Manager should submit their entries via email. Entry forms must be completely filled out including the swimmers' first and last name, entire USA Swimming registration number and best times in yards. Corrupt, unreadable, or incorrectly formatted files must be retransmitted within 24 hours of the entry deadline. Errors in entries submitted electronically are the responsibility of the team entering.

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

DEADLINE: **Monday, December 21, 2009.**

Late / Deck entries will be accepted for available lanes only; no new heats will be formed. All deck entries must be submitted 30 minutes prior to start of the session.

FEES: \$4.00 per individual event,; \$3.00 per swimmer SES surcharge or \$5.00 per swimmer non-SES surcharge.
Late fees: \$5.00 per individual event,

Please make checks payable to: Thunder, Inc. All entry fees are nonrefundable.

ENTRY PROCEDURE: ELECTRONIC ENTRIES ARE STRONGLY ENCOURAGED

Completed entries should be mailed to:

Margie Wray
35 Kent Lane
Eads, TN 38028
margiewray@yahoo.com

LIMITS: Swimmers are limited to 3 individual events per day. 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. Host will NOTIFY teams being turned away due to the meet being entry capped, by phone, fax or e-mail, within 48-hours of receipt entry.

SCORING: Points for first through eighth places in individual events will be awarded as follows: 9-7-6-5-4-3-2-1.

AWARDS: Ribbons will be awarded for first through eighth place in all individual events. High point awards will be given in each age group and gender. There will be no team awards.

COACHES' MEETING: A coaches' meeting will be held near the clerk of course Saturday between warm-ups and the start of the meet. No swimmers will be allowed in the pool during this time.

MEET INFO: Updates to meet information as well as time lines, psyche sheets and results for the meet will be posted on: www.memphisthunder.org

MEET EVALUATIONS:

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

John Woods

205 Island Ave

Chattanooga, TN 3740

ORDER OF EVENTS

SESSION I

Saturday, Jan 2, 2010

Warm-up: 8:00 am

Meet Starts 9:30 am

Girls

Boys

1	10 and Under 100 IM	2
3	11-12 100 IM	4
5	13-14 200 IM	6
7	Open 200 IM	8
9	10 and Under 50 Backstroke	10
11	11-12 100 Backstroke	12
13	13-14 200 Backstroke	14
15	Open 200 Backstroke	16
17	10 and Under 100 Free	18
19	11-12 500 Free	20
21	13-14 500 Free	22
23	Open 500 Free	24

SESSION II

Sunday, Jan 3, 2010

Warm-up: 8:00 am

Meet Starts: 9:30 am

Girls

Boys

25	10 and Under 50 Butterfly	26
27	11-12 100 Butterfly	28
29	13-14 200 Butterfly	30
31	Open 200 Butterfly	32
33	10 and Under 50 Breaststroke	34
35	11-12 100 Breaststroke	36
37	13-14 200 Breaststroke	38
39	Open 200 Breaststroke	40
41	10 and Under 50 Free	42
43	11-12 200 IM	44
45	13-14 400 IM	46
47	Open 400 IM	48

**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:	

2009-10 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 form/team information are registered and entered into the meet in accordance and subject to USA Swimming Rules and Regulation:

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.

And as

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.

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. The Memphis Thunder Aquatics Club, Collierville, TN, Southeastern Swimming, Inc. and USA Swimming, 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

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:	NAME		COACHES CARD EXPIRATION DATE
	1.		
	2.		
	3.		
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 =	
		X \$5.00 Out of SES Surcharge =	
NUMBER OF IND. EVENTS:		X \$4.00 PER EVENT ENTRY FEE =	
TOTAL DUE:			

