

Fort Atkinson Swim Team
A-B-C Fall Frenzy 2007, Saturday, November 17, 2007
2007-118WI

- LOCATION:** The Fort Atkinson High School Pool
925 Lexington Blvd.
Fort Atkinson, WI 53538
- WARMUP AND STARTING TIMES:** Meet will start at 9:00 am. Nov. 17th, 2007
WARM-UPS FOR THE AM SESSION WILL BE FROM 8:00 – 8:55 AM.
First ½ hour Circle swims all lanes.
Second ½ hour Circle swim lanes 1,2 &8
Push/Pace 50's lanes 3&7
One-way sprints lanes 4,5&6
Procedure will be repeated for pm session
Warm-ups for the afternoon session will Start at the conclusion of the AM session.
A coach from your team must be on deck during warm-ups.
Swimmers not following warm up
Procedures could be disqualified at the discretion
Of the meet officials.
- POOL:** Eight lanes, 25 yards flush deck, non-turbulence
Lane markers and backstroke flags, with 30”
Height starting blocks. Pool is 9 feet deep at
Starting blocks. Depth at non-starting end is 4’.
- MEET DIRECTOR:** Donna M. Miller
415 Mechanic Street, apt. 1
Fort Atkinson, WI 53538
920-568-0771 Home
920-728-2470 Cell
Email: dmmiller6019@sbcglobal.net
- TIMING:** Colorado timing System 5 with 2 manual
Stop watches/lane as timed finals.
- ENTRIES:** Meet Waiver and Entries should be received by
Nov. 10th, 2007. **ENTRIES VIA HY-TEK COMMLINK ARE HIGHLY EN-COURAGED.** Use of e-mail is
encouraged, but hard copy with disk if necessary, e-mail to:
dmmiller6019@sbcglobal.net. Swimmers
May “swim up” in age to senior/open events only.

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- ENRTY LIMITS:** The first 1600 swimmers will be accepted. Entries not accepted will be notified as soon as possible once the meet is filled.
- INDIVIDUAL LIMITS:** Each swimmer is allowed to enter 4 individual events and 2 relays.
- SEEDING:** Regular event seeding. **All deck seeding will stop at 8:30 am** (30 minutes before the start of the meet.) Meet manager reserves the right to charge a \$5.00 deck seed charge per entry. Deck seed charge must be paid at the time of Installation.
- OFFICAL RULES:** Official USA-S Short Course Rules shall prevail for this meet.
- ELIGIBILITY:** Age as of Nov. 17, 2007, swimmer must be registered with USA-S and Wisconsin swimmers must be registered with the Wisconsin LSC of the USA-S. Non- Wisconsin swimmers must present their USA-S card.
- AWARDS:** Ribbons for individual events, places 1-16 and relay events places 1-3. Top three swimmers per team per event will score team points. Only the top relay per team per event will score team points. **Team trophies will be presented to the top 6 teams.** Team points: (16 places) 20-17-16-15-14-13-12-11-9-7-6-5-4-3-2-1, Relays and the **“Mixed Open 200 Free” (event 42) & “10 & U Mixed 200 Free” (event 73)** will score double points.
- DISABLED SWIMMERS:** If you are entering an disabled swimmer, please make a note on the entry form and have the coach on deck for your team notify meet officials of the swimmer’s needs.
- AGE GROUPS:** 6&U, 7-8, 9-10, 11-12, 13-14, Senior. (6&uswimmers will swim with the 8&U swimmers, but will be scored separately. There will be no 6&U relays). The **“Mixed Open 200 Free”** will be scored separately by gender and age group (10&U, 11-12, 13-14, Senior) and the **“10 and U Mixed 200 Free”** will be scored separately by gender and age group (6&U, 7-8, 9-10).

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- OFFICIALS:** Kim Hollman, Patty Cramer-Starter/Ref.
Cathy Niesen-stroke/turn-TBA
- FINAL RESULTS:** One copy of meet results will be sent to each team represented.
- MEET CONDUCT:** It is expected that each club will be responsible for the conduct of their swimmers. If, in the opinion of the Meet Director or Marshall, a swimmer or spectator's conduct is harmful or disruptive, he/she will be asked to leave.
- ADMISSION:** Admission for persons over 12 will be \$3.00. Heat sheet will be \$3.00, while available.
- FOOD:** A variety of hot and cold food and beverages will be available for purchase in the school cafeteria. Please no carry-ins.
- ENTRY FEE:** \$4.00 per individual event plus \$2 splash fee per swimmer. \$12.00 per relay event. Entry fees are not refundable unless the meet is full.
- COACHES:** **Please do not bring seed cards. Seed cards will be at the blocks with the exception of relay events. Relay cards will be in a coach's envelope along with a heat sheet and team roster. Please fill out the relay cards with the swimmers' names and ages. Please have the swimmers present their card to the timers at the block.**

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AM EVENTS

<u>GIRLS</u>		<u>BOYS</u>
1	11 & 12 200 Medley Relay	2
3	13 & 14 200 Medley Relay	4
5	Senior/Open 200 Medley Relay	6
7	11 & 12 50 Free	8
9	13 & 14 50 Free	10
11	Senior/Open 50 Free	12
13	11 & 12 50 Fly	14
15	13 & 14 100 Fly	16
17	Senior/Open 100 Fly	18
19	11 & 12 100 IM	20
21	13 & 14 200 IM	22
23	Senior/Open 200 IM	24
25	11 & 12 50 Breast	26
27	13 & 14 100 Breast	28
29	Senior/Open 100 Breast	30
31	11 & 12 50 Back	32
33	13 & 14 100 Back	34
35	Senior/Open 100 Back	36
37	11 & 12 200 Free Relay	38
39	13 & 14 200 Free Relay	40
41	Senior/Open 200 Free Relay	42
	--Optional 5 min Break--	
43	Mixed Open 200 Free	43

PM EVENTS

45	8 & U 100 Medley Relay	46
47	10 & U 200 Medley Relay	48
	--Optional 5 min. Break--	
49	8 & U 25 Free	50
51	10&U 50 Free	52
53	8&U 25 Fly	54
55	10&U 50 Fly	56
	--Optional 5 min Break--	
57	8&U 100 IM	58
59	10&U 100 IM	60
61	8 & U 50 Breast	62
63	10 & U 100 Breast	64
65	8 & U 25 Back	66
67	10 & U 100 Back	68
	--Optional 5 min Break	
69	8 & U 100 Free Relay	70
71	10 & U 200 Free Relay	72
	--Optional 5 min Break	
73	10 & U Mixed 200 Free	73

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WAIVER

In consideration of the acceptance of this entry, I/we hereby for myself/ourselves, my/our heirs, administrators, and assigns, waive and release any and all claims against the USA-S, Wisconsin Swimming, LSC, Fort Atkinson High School, Fort Atkinson School District, Fort Atkinson Swim Team (FAST), FAST Board members, and meet officials for injuries and/or expenses incurred by me/us at this meet or while on the road to/from this meet. I/we have entered.

Signature of the Club Official, Parent or Guardian: _____

Position: _____

Phone Number: (____) ____ - _____ **E- mail:** _____

Contact Person if different from above: _____

Phone Number: (____) ____ - _____

Team Name and Abbreviation: _____

Coach's Name: _____ **Coach's E-mail:** _____

Coach's Phone Number (____) ____ - _____

Name and Address for sending Final Results:

Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____

