

Waukesha Express Swim Team
A-BB-B-C Single Age Fall Meet
Sanction # 2004-119WI

Date: Sunday, October 10, 2004

Location: Waukesha West High School
3301 Saylesville Road
Waukesha, WI 53189

Meet Director: Jeff Wiesner
Meet Manager: Autumn Ryan 262-970-0641

Facilities: Six lane 25 yard indoor pool with non-turbulent lane dividers, backstroke flags, and large seating capacity. Pool depth is 12 feet at start end and 3 feet at turn end. Blocks are 30 inches high.

Timing and Judging: Primary: Colorado V Timing System with strobe/horn start
Secondary: Semi-automatic button on each lane
Tertiary: Two manual backup watches per lane
25 yd swims: Three manual watches per lane
All events will be timed finals.

Official Rules: Current USS and Wisconsin Swimming Rules shall govern the conduct of this meet.

Meet Schedule:

	<u>AM Session</u>	<u>PM Session</u>
Warm-ups	7:00 AM	immediately following AM
Meet Starts	8:05 AM	1 hour after the start of warm-ups
<i>General Warm-up (circle swim)</i>		
Lanes 1 – 6	7:00 – 7:30	11:30 – 12:00
Lanes 1, 2, 5, 6	7:30 – 7:45	12:00 – 12:15
Lanes 1 and 6	7:45 – 8:00	12:15 – 12:30
<i>One Way Sprints</i>		
Lanes 3 & 4	7:30 – 7:45	12:00 – 12:15
Lanes 2 – 5	7:45 – 8:00	12:15 – 12:30

The afternoon session will not start before 11:00 AM.

Entry Limit: Swimmers are limited to 4 individual events and their age is as of the day of the meet. Late registrations will not be accepted.

Entry Fees: \$2.00 per swimmer in an individual event for LSC Tax (Splash Fee)
\$2.50 per individual event
\$8.00 per relay event

Entries: All swimmers must be registered USS swimmers and their USS number MUST be listed on the official entry form. This includes relay only swimmers. Out of state swimmers must bring their USS cards or provide a copy of their USS cards with their entry form. Submit current yard times. **Completed entry form, signed waiver, and fees must be received no later than Friday, October 1, 2004. Any questions concerning entries should be directed to Autumn Ryan, Meet Manager at 262-970-0641.**

THIS MEET IS BEING RUN ON HY-TEK SOFTWARE. PLEASE SUBMIT ENTRIES ON A 3.5 DISK AND INCLUDE A PRINTED COPY OF THE ENTRIES.

Mail Entries: Mail forms, signed waiver and fees (payable to WEST) to:
Waukesha Express Swim Team
PO Box 1874
Waukesha, WI 53187

Awards: Individual: 1st – 12th Ribbons
Relays: 1st – 6th Ribbons
High Point: 1st – 6th Medals
Heat Winners: Ribbons

Seeding: All individual events will be pre-seeded. Classes will be seeded together but awarded separately. Deck entries may be accepted to fill open lanes in existing heats only. Swimmers for all age groups report behind the starting blocks when their event is called. 6 & Under and 8 & Under swimmers will report to a staging area behind the bleachers at the starting end of the pool. A clerk will help the swimmers find their lane and heat.

Relays: Relay cards will be provided in the coach's packet. Coaches should complete relay cards and the swimmers should bring them to the block when the event is called. First and last names of competing swimmers and their ages must be on the back of the seed card in the order of swimming prior to swimming the relay.

Final Results: Final results will be mailed to all competing teams, to be postmarked no later than October 24th, 2004. Extra copies may be ordered for \$5.00 each.

Admission: \$2.00 charge for spectators 12 and older. Heat sheets will be on sale for \$3.00 each.

Food: Food and beverages will be available. Two complimentary lunch tickets will be provided to each team.

Meet conduct: Each team is responsible for the actions of their swimmers during the meets. Any meet attendees not complying with pool and building rules or following the warm-up procedure may, at the discretion of the meet referee, be disqualified from further participation.

Coaches: All coaches must pick up their coach's packets in person and must show their coach's card. If a coach does not present an USS card, they will not be allowed on deck and the swimmers for the team will be assigned to an USS certified coach for warm-ups.

Medical: Please indicate any special needs your swimmers may have on the entry form. We will do everything possible to accommodate them. This should include any existing conditions that may require meet management to activate the emergency response plan. Building personnel are trained in procedures required by Blood Borne Pathogen laws and will be responsible for any clean up required.

**Single Age Fall Meet
October 10, 2004**

AM SESSION

<u>Girls</u>		<u>Boys</u>
<u>Event #</u>	<u>Event</u>	<u>Event#</u>
1	12 year old 50 Free	2
3	11 year old 50 Free	4
5	10 year old 50 Free	6
7	9 year old 50 Free	8
9	11 – 12 200 Free Relay	10
11	10 & Under 200 Free Relay	12
13	12 year old 50 Breast	14
15	11 year old 50 Breast	16
17	10 year old 50 Breast	18
19	9 year old 50 Breast	20
21	12 year old 50 Fly	22
23	11 year old 50 Fly	24
25	10 year old 50 Fly	26
27	9 year old 50 Fly	28
29	12 year old 400 IM	30
31	11 year old 400 IM	32
33	10 year old 200 IM	34
35	9 year old 200 IM	36
37	12 year old 50 Back	38
39	11 year old 50 Back	40
41	10 year old 50 Back	42
43	9 year old 50 Back	44

PM SESSION

45	Senior 50 Free	46
47	14 year old 50 Free	48
49	13 year old 50 Free	50
51	8 year old 25 Free	52
53	7 year old 25 Free	54
55	6 & Under 25 Free	56
57	Senior 200 Free Relay	58
59	8 & Under 100 Free Relay	60
61	Senior 100 Breast	62
63	14 year old 100 Breast	64
65	13 year old 100 Breast	66
67	8 year old 25 Breast	68
69	7 year old 25 Breast	70
71	6 & Under 25 Breast	72
73	Senior 100 Fly	74
75	14 year old 100 Fly	76
77	13 year old 100 Fly	78
79	8 year old 25 Fly	80
81	7 year old 25 Fly	82
83	6 & Under 25 Fly	84
85	Senior 100 Back	86
87	14 year old 100 Back	88
89	13 year old 100 Back	90
91	8 year old 25 Back	92
93	7 year old 25 Back	94
95	6 & Under 25 Back	96
97	Senior 400 IM	98
99	14 year old 400 IM	100
101	13 year old 400 IM	102
103	8 year old 100 IM	104
105	7 year old 100 IM	106
107	6 & Under 100 IM	108

WAIVER FORM

In consideration of the acceptance of this entry, I/we hereby, for myself/ourselves, my heirs, administrators, and assigns waive and release any and all claims, against the Waukesha School District, USS, the Waukesha Express Swim Team and meet officials for injuries and/or expenses incurred by me/us at this meet or while on the road to and from this meet. I/we are bonafide amateur athletes and eligible to compete in all the events I/we have entered. I/we also understand that our club will be responsible financially for any damage done to the facility by our athletes during the meet.

Club Name: _____ Initials _____
(Four only)

Signature of Club Official, Parent or Guardian

Name: _____ Phone: _____

Title: _____

Address: _____

Email: _____

Entry Fee Recap:	_____ Individual Events x \$2.50	= \$ _____	= \$ _____
		Less Reservation	-\$ _____
	_____ Relay Team x \$8.00	= \$ _____	+\$ _____
	_____ LSC Surcharge x 2.00	= \$ _____	+\$ _____
	(# of swimmers in Individual Events)		
		Total of Check	= \$ _____

Name of coach or team representative at meet:

Name: _____ Phone: _____

Person to contact in case of entry problems:

Name: _____ Phone: _____

Name and address for mailing of final results:

Name: _____

Address: _____

City, State, Zip: _____

Make checks payable to the **Waukesha Express Swim Team**

Mail Entries to: Autumn Ryan
Waukesha Express Swim Team
P.O. Box 1874
Waukesha, WI 53187

