

**2005 State/Non-State Meet**  
**Hosted by: Waukesha Express Swim Team**  
**Sunday, November 13, 2005**  
**Sanction #2005- 118WI**

**Location:** Waukesha South High School  
401 E. Roberta Drive  
Waukesha, WI 53186

**Meet Director:** Jeff Wiesner  
P.O. Box 1874  
Waukesha WI, 53187  
(262) 970-0641

**Meet Entry Chair:** Ceil Grunert  
P.O. Box 1874  
Waukesha, WI 53187  
(262) 970-0641

**Facility:** Eight or ten lane, 25 yard pool. Pool depth is 13 feet at the start end and 5' 10" feet at bulkhead (turn end). Blocks are 30 inches high. The pool features a 12 ½ by 14 ½ foot full color, digital display scoreboard. Concessions will be available. No food or beverage is allowed in the pool area.

**Timing:** Colorado System 6 timing system with aqua grip touch pads.

**Rules:** Official 2005 Short Course USS Rules and Wisconsin Swimming Rules shall govern the conduct of this meet. Swimmers must be registered Wisconsin USS swimmers. Age is as of November 13, 2005. Coaches must display their Coaches Card while on deck.

**Schedule:** Sunday: Warm-up 7:00 – 8:00 AM, meet starts at 8:05 AM  
The afternoon warm-ups will start as soon as the morning session has been completed, with the afternoon session beginning one hour after the start of warm-ups. The meet director will notify each club as to the approximate time for all sessions once all meet entries have been received.

Failure to follow warm-up guidelines may result in disqualification from the next individual event. Teams will receive warm up assignments the week prior to the meet.

**Officials:** TBA

**Entries &**

**Eligibility:** All entries will be taken when accompanied by full payment. Swimmers may compete in FOUR (4) individual events per day plus relays.

All swimmers must be registered USS swimmers and their USS number MUST be listed on the official entry form. This includes relay only swimmers. Submit current yard times.

*All events will be timed finals.*

**Completed entry form, signed waiver, and fees must be received no later than Tuesday, November 1, 2005.** Any questions concerning entries should be directed to Ceil Grunert, 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**  
**P.O. Box 1874**  
**Waukesha WI, 53187**  
**All entries must be received by Tuesday, November 1, 2005!!**

**Entry Fees:** \$4.00 per individual event  
\$12.00 per relay event  
\$2.00 per swimmer in an individual event for LSC tax (splash fee)  
*Entry fees must accompany the official entry forms and are not refundable.*

**Admissions:** \$3.00 per spectator over the age of 12. Heat sheets are \$3.00.

**Awards:** Individual events:  
1<sup>st</sup> – 3<sup>rd</sup> Medals  
4<sup>th</sup> – 16<sup>th</sup> Ribbons  
  
Relay events:  
1<sup>st</sup> – 8<sup>th</sup> Ribbons

**Scoring:** Sixteen place scoring will be used for individual events. Relay events scores will be doubled.

**Final Results:** Final results will be mailed to all competing teams. Extra copies may be ordered for \$8.00 each.

**Seeding:** All individual events will be pre-seeded.

**Food:** Food and beverage will be sold at all sessions. Please remind your swimmers to keep food out of the Natatorium Pool area.

**Conduct:** Each team is responsible for the behavior of their swimmers. ***The Meet Director or Meet Marshall may remove any swimmer from competition for disruptive or disorderly behavior.***

**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 Pathogens laws and will be responsible for any clean up required.

**2005 State/Non-State Meet  
ORDER OF EVENTS**

**AM SESSION**

<b>Girls</b>		<b>Boys</b>
<b><u>Event #</u></b>	<b><u>Event</u></b>	<b><u>Event#</u></b>
1	11 – 12 50 Free	2
3	10 & Under 50 Free	4
5	11 – 12 200 Free Relay	6
7	10 & Under 200 Free Relay	8
9	11 – 12 200 Breast	10
11	10 & Under 100 Breast	12
13	11 – 12 50 Fly	14
15	10 & Under 50 Fly	16
17	11 – 12 100 IM	18
19	10 & Under 100 IM	20
21	11 – 12 100 Back	22
23	10 & Under 50 Back	24
25	11 – 12 200 Medley Relay	26
27	10 & Under 200 Medley Relay	28

**PM SESSION**

29	Senior 50 Free	30
31	13 – 14 50 Free	32
33	8 & Under 25 Free	34
35	6 & Under 25 Free	36
37	Senior 200 Free Relay	38
39	8 & Under 100 Free Relay	40
41	Senior 200 Breast	42
43	13 – 14 200 Breast	44
45	8 & Under 25 Breast	46
47	6 & Under 25 Breast	48
49	Senior 100 Fly	50
51	13 – 14 100 Fly	52
53	8 & Under 25 Fly	54
55	6 & Under 25 Fly	56
57	Senior 100 Back	58
59	13 – 14 100 Back	60
61	8 & Under 25 Back	62
63	6 & Under 25 Back	64
65	Senior 200 IM	66
67	13 – 14 200 IM	68
69	8 & Under 100 IM	70
71	Senior 200 Medley Relay	72
73	8 & Under 100 Medley Relay	74

# 2005 State/Non-State Meet

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### 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 bona-fide 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. All swimmers entered are current members of WI/USA Swimming Inc.

Club Name: \_\_\_\_\_ Initials (Four only) \_\_\_\_\_

Signature of Club Official, Parent or Guardian

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Entry Fee Recap:	_____ Individual Events x \$4.00	= \$ _____	= \$ _____	
		Less Reservation	-\$ _____	
	_____ Relay Events x \$12.00	= \$ _____	+\$ _____	
	_____ LSC Surcharge x 2.00 (# of swimmers in Individual Events)	= \$ _____	+\$ _____	
		Total Entry Fee Due	= \$ _____	

Name of coach or team representative at meet:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name and address for mailing of final results:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Make checks payable to:**

**Mail Entries to:**

**Waukesha Express Swim Team  
Ceil Grunert  
Waukesha Express Swim Team  
P.O. Box 1874  
Waukesha, WI 53187**

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**Time Trials**

Sunday, November 13, 2005

Sanction #2005-119WI

**When:** At the conclusion of the Sunday afternoon session, as time permits, and at the discretion of the meet director. Pool will open for a 20 minute warm-up period following the conclusion of the Sunday afternoon session.

**Events:** Events may be combined at the discretion of the head official and meet director. The order of events will be as follows: Free, back, breast, fly, IM and starting at the shortest distance (50 yd) and progressing up to the longest (1650 yd). The 1000 and 1650 free will be run last as a combined event.

**Fee:** \$5.00 per individual event

**Registration:** Registrations will be accepted until 2:30 on Sunday afternoon.

**\*\*\*All swimmers must provide their own timers and stopwatches (some may be available).**

**Reminder:** The maximum number of individual events in one day is (5) five. This includes time trials!! These five events may be all time trials or a combination of time trial events and meet events.