Lake Country "Phoenix" Swim Team

Fall Single Age High Point Trophy Challenge Sanction #WI2010-304S

DATE:	Saturday,	October	9.	2010
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PLACE: ARROWHEAD HIGH SCHOOL, 800 North Ave, Hartland, Wisconsin

- WARMUP:AM session: 7:30-8:30 AM as follows: 7:30-8:00 circle swim all lanes NO diving.
8:00-8:30 one way sprints and push 50's as needed. Meet starts at 8:35 AM.
PM Session: Warm-ups 45 minutes. Meet starts 50 minutes after conclusion of AM session.
Feet-first entries from the starting end of the pool during general warm-ups will be enforced for all
sanctioned/approved competition.
- **POOL:** Six lane, 25 yard pool, 5'1" starting depth, 3'6" non-starting depth, 30" blocks, non-turbulent lane markers and backstroke flags. The competition course has not been certified in accordance with 104.2.2C(4).
- **TIMING:** Colorado System with back-up watches and across the board judging in case of a malfunction. All events are timed finals.
- OFFICIAL
 Official current USA Swimming Rules shall prevail for this meet. Swimmers must be USA-Swimming

 RULES:
 registered. Age as of October 9, 2010. Please notify meet officials of any disabled swimmers upon arriving at the meet.
- OFFICIALS: Meet Referee Gregg Barta
- ENTRY CHAIR: Darsi Kohnhorst E-Mail: lakecountryswim@sbcglobal.net

MEET Mark Kohnhorst DIRECTOR: PO Box 181 Hartland, WI 53029 (262) 367-7657

- ENTRY Completed entry file must be received by the entry chair no later than Thursday, September 30, 2010.
 DEADLINES: Waiver and payment should follow promptly. No phone entries will be taken. This meet is being run with Hy-Tek swim software. Please submit your electronic entries via e-mail. Please note any special requirements for adaptive swimmers on the entry form.
- ENTRY LIMIT: Swimmers may compete in four (4) individual events plus relays.
- **RACING START CERTIFICATION:** Any swimmer entered in the meet, unaccompanied by a USA Swimming member coach, must be certified by a USA Swimming member coach as being proficient in performing a racing start or must start each race from within the water. It is the responsibility of the swimmer or the swimmer's legal guardian to ensure compliance with this requirement.
- FEES: Individual events \$3.50 per event and \$12.00 per relay. \$3.00 LSC surcharge per swimmer entered in at least one individual event. Deck entries shall be \$7.00/individual event and \$18.00/relay entry. Please make checks payable to LAKE COUNTRY SWIM TEAM. Entry fees must accompany the official entry forms and are not refundable.

ADMISSIONS: Spectators over 13 years old are \$3.00. Heat sheets are \$2.00.

PARKING: Parking is available in the north lots.

FINAL

RESULTS: Results will be posted on <u>www.wisconsinswimming.org</u> and e-mailed to participating teams.

CONDUCT: Each team is responsible for the conduct of its swimmers. In accordance with the Federal Video Voyeurism Prevention Act of 2004 – the use of camera phones or video recording devices in the locker rooms is prohibited.

AWARDS:	Senior Events:	No Individual or Relay Awards	
	13&Under Individual Events:	Ribbons 1 st through 12 th	
	Relay Events:	Ribbons 1 st through 6 th	
	High Point Awards:	1 st through 12 th in each age group including Senior.	
	High Point awards will be presented to the individual winners at the conclusion of each session.		
	All individual and relay ribbons will be available during the meet. No awards will be mailed.		
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- SCORING: 12-place scoring will be used: 16-13-12-11-10-9-7-5-4-3-2-1
- FOOD: A superb selection of hot and cold food and beverages will be available in the cafeteria.

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Girls Event #	Event Description ssion: Warm-ups 7:30 am Meet E	Boys Event #
AIW Set	ssion. warm-ups 7.30 am Meet e	beyins 0.55 am
1	11-Over 200 Free Relay	2
	5 minute break	
3	14-Over 100 Butterfly	4
5	13 100 Butterfly	6
7*	11-Over 200 Butterfly	8*
9	12 50 Butterfly	10
11	11 50 Butterfly	12
13	14-Over 200 IM	14
15	13 200 IM	16
17*	11-Over 400 IM	18*
19	12 200 IM	20
21	11 200 IM	22
23	14-Over 100 Backstroke	24
25	13 100 Backstroke	26
27*	11-Over 200 Backstroke	28*
29	12 50 Backstroke	30
31	11 50 Backstroke	32
33	14-Over 100 Breaststroke	34
35	13 100 Breaststroke	36
37*	11-Over 200 Breaststroke	38*
39	12 50 Breaststroke	40
41	11 50 Breaststroke	42
43	14-Over 100 Freestyle	44
45	13 100 Freestyle	46
47*	11-Over 200 Freestyle	48*
49	12 50 Freestyle	50
51	11 50 Freestyle	52

* Will be scored separately (11, 12, 13 and 14-Over).

PM Session: Warm-ups 45 minutes. Meet starts 50 minutes after conclusion of AM session.

53	10&Un. 200 Free Relay 5 minute break	54
55	10 50 Butterfly	56
57	9 50 Butterfly	58
59	8 25 Butterfly	60
61	7&Un. 25 Butterfly	62
63	10 100 IM	64
65	9 100 IM	66
67	8 100 IM	68
69	7&Un. 100 IM	70
71	10 50 Backstroke	72
73	9 50 Backstroke	74
75	8 25 Backstroke	76
77	7&Un. 25 Backstroke	78
79	10 50 Breaststroke	80
81	9 50 Breaststroke	82
83	8 25 Breaststroke	84
85	7&Un. 25 Breaststroke	86
87	10 50 Freestyle	88
89	9 50 Freestyle	90
91	8 25 Freestyle	92

93

7&Un. 25 Freestyle Waiver 94

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 Swimming, the Wisconsin Local Swimming Committee of the USA Swimming, the Lake Country Swim Team, the Arrowhead High School, and their staffs for the injuries and or expenses accrued by Me/Us at the meet, or while on the road to and from the meet. I/We are bona-fide amateur athletes currently registered with USA Swimming and in good standing with Wisconsin Swimming, Inc. and eligible to compete in all 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. I/We will be responsible for making our athletes/parents/coaches/club administrators aware of the waiver requirements in participation in this event.

Club Name:		Initials	
Signature of Club O	fficial, Parent or Guardian	(Four Only)	
Name:		_ Day Phone Number:	
Title:		Evening Phone Number	
City, State, Zip		E-Mail	
	oblem, weather or other unforeseen circu sible for participant notification.	mstance which would require cancellation or de	lay of meet that may we
Emergency Contact		Phone:	
Name of coach or te (Must have current Co	pach's credentials to be on deck)		
Entry Fee Recap:	A: Entry Fee Relay Teams x \$12.0 LSC Surcharge x \$3 (# of swimmers in Individual Even	neck = -\$ May not be used for relays or surcharges) Total = \$ 00 = \$.00 = \$	
	Total of Li	nes A & B = \$	
Make checks payable	e to: Lake Country Swim Team	Check #	
Mail Entries to:	Lake Country Swim Team c/o D PO Box 181 Hartland, Wisconsin 53029	arsi Kohnhorst	
Email Entries to:	lakecountryswim@sbcglobal.ne	et	
Questions:	Lake Country Team Office (262) 3	867-7657	