

MAKOS FALL INVITATIONAL SWIM MEET
COURTHOUSE RACQUET & FITNESS CLUB
OCTOBER 9-11, 2009

- SANCTION:** Held under the sanction of USS and MSI.
Sanction # 0926
- SPONSOR:** Mississippi MAKOS Swim Team
- LOCATION:** Courthouse Racquet & Fitness Club
2625 Courthouse Circle
Flowood, MS 39232
Tel. # 932-4800
- FACILITIES:** Indoor 50 meter x 25 yd pool 8 OR 10 lanes competition course with warm-up and warm-down available. Daktronics timing with 10 lane scoreboard: HY-TEK program. Concessions/Hospitality.
- TIME:**
- | | |
|------------------------|--|
| Friday P.M. | Warm-ups: 5:00 P.M.
Competition: 6:00 P.M. |
| Saturday & Sunday A.M. | Warm-ups: 7:30A.M.
Competition: 8:30 A.M. |
| Saturday P.M. | Warm-ups: not before 12:00 P.M. |
| Sunday P.M. | Warm-ups: not before 11:30 A.M.
Competition 1 hr after warm-ups begin |
- RULES:** Current USS Rules will govern the meet.
- ELIGIBILITY:** The age of the swimmer on October 9, 2009 determines the age of the swimmer. All swimmers must be current USS registered athletes. The USS numbers must appear on all entry forms (recaps). The person responsible for entering an unregistered swimmer as registered will be subject to a fine of up to \$100.00 per event. This will be enforced by MSI through their Review Section. **SWIMMERS WITHOUT USS REGISTRATION NUMBERS WILL BE REJECTED.**
- COACHES:** Coaches must be current USS Coach Members in order to perform deck duties. If a coach is not certified, he/she may observe the meet as any other observer, but may not coach or sit in the coaches' area. **COACHES PACKETS WILL BE GIVEN TO THOSE COACHES PRESENTING CREDENTIALS.**
- ENTRIES:** The MEET will be limited to the first 450 swimmers. Each swimmer is limited to FOUR individual events, plus ONE relay per day. All entries must be submitted with:
1. Properly completed entry forms with age/USS #
 2. Signed release form.
 3. Completed cover sheet.

ENTRIES: ALL IMPROPERLY FILLED ENTRY FORMS, THOSE WITHOUT FEES OR THOSE RECEIVED AFTER 450 IS REACHED WILL BE RETURNED AND THE TEAM REPRESENTATIVE WILL BE NOTIFIED BY PHONE.

We use the HY-TEK Computer program. If you are also using HY-TEK, please send us your entries on diskette, with the hard copy. This will make our job easier and insure accuracy. All other requirements remain.

ENTRY FEES: \$3.00 per individual event
\$3.00 surcharge per swimmer
\$8.00 per relay event
Make checks payable to **MISSISSIPPI MAKOS**

ENTRY DEADLINE: Forms and fees (and diskettes) must be in the hands of Brian Ware no later than **Thursday, October 1, 2009**.
Late entries will be accepted when lanes are available but will be charged double the entry fee. No swimmer may scratch one event and enter another. Late entries are due by the beginning of each session.
Mail entries to: Brian Ware
2625 Courthouse Cir.
Flowood, MS 39232 (601) 209-3187
OR e-mail to: bware@mscourthouse.com

REPORTING: Swimmers in all events will report directly to the starting blocks. All entry cards, except for relays, will be at the appropriate lane according to the heat sheet. It is the responsibility of the coach & the swimmers to see that the swimmer reports to his/her assigned lane at the proper time. **THERE WILL NOT BE A CLERK OF COURSE OR BULLPEN.**

SEEDING: The meet will be preseeded according to Current USS Rules for timed finals. Entry forms submitted without times or unreadable times will be seated as No Time (NT). Entry times must be submitted in short course yard times. Event 3 & 4 will have positive check in and swim fastest to slowest alternating girls and boys heats.

WARMUP: Warm-up procedures will follow the MSI guidelines. The first 35 minutes will be general warm-ups, **NO DIVING**. In the last 20 minutes, the two outside lanes will be for pace, all swimmers leaving the wall from a push. Lanes 2 & 7 are for dives off blocks with one way traffic. The remaining lanes are for general warm-up. **NO DIVING**.

4 HOUR RULE If an age group event for 12 and unders is swum after the session has been running four (4) hours, each involved swimmer has the option of either swimming that event or receiving a refund for that event. A swimmer desiring the refund must declare his/her intent to the Meet Director or the meet director's designee. There will be no refund for swimmers not in attendance.

SCORING: Individual events: 9-7-6-5-4-3-2-1 (8 lanes) or 11-9-8-7-6-5-4-3-2-1 (10L)
Relay events: double points
Event 3 & 4 will swim together and score separately
(11-12, 13-14, 15&over)

AWARDS: First through Third: Medals
Fourth-Eighth: Ribbons
Individual High point trophy will be awarded to each boy/girl age group
Senior events do NOT count for individual age-group high point award
Team trophies: First through Third

Timers & Officials Each participating team will be assigned timing assignments according to the size of the team. We also ask for a list of officials willing to work.

DIRECTIONS: The Lakeland Courthouse is located just off Lakeland Dr. From I-55, travel east on Lakeland Dr. (aka Highway 25) for about 2.7 miles. You will pass several gas stations and restaurants on your right (Schlotzsky's, Krystal, Red Arrow Car Wash, etc.). You will be turning right at the light just past the Amoco gas station. At this intersection you will see the Ergon/ Mirror Lake office building on your right (4-5 story mirrored glass building) and a Texaco gas station. Take a right. Take your first right onto Courthouse Circle. The Courthouse will be on your left.

ADDITIONAL INFORMATION Any swimmer who is NOT swimming an individual event, but is on a relay must pay the \$3.00 surcharge in order to be assigned a computer number. When filling out the recaps, PLEASE enter the swimmers on the appropriate sheet for their age.
There will be **NO SMOKING** around the pool, deck, or where swimmers are present, such as bathrooms, or immediately outside the doors. NO GLASS containers or gum on the pool deck.

MEET DIRECTOR: Brian Ware
2625 Courthouse Cir.
Flowood, MS 39232 (601) 209-3187

MEET REFEREE: Alan Branson
119 Annondale Parkway East
Madison, Ms 39100 (601) 823- 8826

Friday Afternoon Session

Event Girls	Age Group	Distance/ Stroke	Event Boys
1	10-U	200 IM	2
3	11 & Over	500 Free	4

** Event 3 and 4 will be swum fastest to slowest alternating girls and boys heats.
They will be scored and awarded 11-12, 13-14, 15&over.
These events are positive check in by 5:30 p.m. **

Saturday Morning Session

Event Girls	Age Group	Distance/ Stroke	Event Boys
5	6-U	25 Back	6
7	7-8	25 Back	8
9	9-10	50 Back	10
11	8-U	50 Breast	12
13	9-10	100 Breast	14
15	6-U	50 Free	16
17	7-8	50 Free	18
19	9-10	100 Free	20
21	6-U	25 Fly	22
23	7-8	25 Fly	24
25	9-10	50 Fly	26
27	8-U	100 IM	28
29	9-10	100 IM	30
31	8-U	100 Free Relay	32
33	10-U	100 Free Relay	34

Saturday Afternoon Session

35	11-12	50 Back	36
37	13-14	100 Back	38
39	Senior	100 Back	40
41	11-12	100 Breast	42
43	13-14	200 Breast	44
45	Senior	200 Breast	46
47	11-12	100 Free	48
49	13-14	100 Free	50
51	Senior	100 Free	52
53	11-12	50 Fly	54
55	13-14	100 Fly	56
57	Senior	100 Fly	58
59	11-12	100 IM	60
61	13-14	200 IM	62
63	Senior	200 IM	64
65	11-12	200 Free Relay	66
67	13-14	200 Free Relay	68
69	Senior	200 Free Relay	70

Sunday Morning Session

Event Girls	Age Group	Distance/ Stroke	Event Boys
71	8-U	100 Free	72
73	9-10	200 Free	74
75	6-U	25 Breast	76
77	7-8	25 Breast	78
79	9-10	50 Breast	80
81	8-U	50 Back	82
83	9-10	100 Back	84
85	6-U	25 Free	86
87	7-8	25 Free	88
89	9-10	50 Free	90
91	8-U	50 Fly	92
93	9-10	100 Fly	94
95	8-U	100 Medley Relay	96
97	10-U	100 Medley Relay	98

Sunday Afternoon Session

Event Girls	Age Group	Distance/ Stroke	Event Boys
99	11-12	200 Free	100
101	13-14	200 Free	102
103	Senior	200 Free	104
105	11-12	50 Breast	106
107	13-14	100 Breast	108
109	Senior	100 Breast	110
111	11-12	100 Back	112
113	13-14	200 Back	114
115	Senior	200 Back	116
117	11-12	50 Free	118
119	13-14	50 Free	120
121	Senior	50 Free	122
123	11-12	100 Fly	124
125	13-14	200 Fly	126
127	Senior	200 Fly	128
129	11-12	200 Medley Relay	130
131	13-14	200 Medley Relay	132
133	Senior	200 Medley Relay	134

MISSISSIPPI MAKOS Fall Invitational 2009
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CLUB NAME: _____ ABBREVIATION _____

COACHES: _____

TEAM ADDRESS _____

PHONE: _____

NUMBER OF INDIVIDUAL ENTRIES _____ @\$3.00/ENTRY=\$ _____

NUMBER OF RELAY ENTRIES _____ @\$8.00/RELAY=\$ _____

NUMBER OF TOTAL ATHLETES _____ @\$3.00/ENTRY=\$ _____

TOTAL AMOUNT OF FEES ENCLOSED = \$ _____

IN CONSIDERATION OF THE ACCEPTANCE OF THIS ENTRY, WE WAIVE ANY AND ALL CLAIM AGAINST USS OR MS SWIMMING, MISSISSIPPI MAKOS SWIM TEAM, AND THE COURTHOUSE RACQUET CLUB AND IT'S EMPLOYEES.

SIGNATURE OF COACH OR CLUB REPRESENTATIVE:

Mail entries to : **Brian Ware**
2625 Courthouse Circle
Flowood, MS 39232
Email: bware@mscourthouse.com

INFORMATION FORM FOR DISABLED SWIMMERS

NAME _____

ADDRESS _____

AGE _____ BIRTHDATE ____/____/____.

EVENTS TO BE
SWUM ____/____/____/____/____/____/____/____

TYPE OF DISABILITY

Blind _____ Mentally Retarded _____ Deaf _____ Physical _____

EXTENT OF DISABILITY: Be specific, e.g. totally or partially blind, totally or partially deaf, loss of one or more limbs, multiple disabilities, etc.

THE FOLLOWING PERSON(S) WILL ACCOMPANY THE SWIMMER FOR ANY NEEDED ASSISTANCE:

TYPE OF MEDICATION _____

PURPOSE OF MEDICATION _____

PARENT'S OR GUARDIAN'S NAME _____

PARENT'S OR GUARDIAN'S SIGNATURE _____

ATHLETES'S SIGNATURE _____

PHYSICIAN'S NAME (please print) _____

PHYSICIAN'S ADDRESS _____

PHYSICIAN'S PHONE NUMBER _____

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