

**MSI 8 & Under Developmental Meet**  
**February 13, 2010**  
**Sunkist Swim Team**  
**Flowood Family YMCA, Flowood, MS**

- Sanction:** Held under the sanction of USS and MSI.  
Sanction **MSI#**
- Sponsor:** Sunkist Swim Team
- Location:** Flowood YMCA  
690 Liberty Road  
Flowood, MS 39232  
601-664-6814
- Facility:** Indoor 25 yard 5 yard pool; 8 lanes using non-turbulent lane lines; Colorado Timing System, touch pads at one end with backup; 8 line scoreboard and computer interface; Paragon starting blocks. There will be no tobacco products or alcohol on the pool deck or any area frequented by swimmers. Concessions will be available, ample deck space, bleachers, First Aid, and Life Guards on duty. Parking is available adjacent to YMCA. No foods or drinks permitted around deck. Food and drinks will be allowed around concession area of natatorium.
- Rules:** Current USS Rules will govern the meet.
- Eligibility:** The age of the swimmer on February 13, 2010 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**
- Type of Competition:** Age group: 6&under, 7-year, and 8-year.
- Scoring:** No scoring.
- 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

- Schedule:** Saturday, February 13<sup>th</sup>: Warm-Up:  
Session 1: 10:00- 10:40am  
Session 2: 10:40 – 11:20am  
Competition: 11:30am
- Limit of Events:** Swimmers are limited to five (5) individual events and two (2) relays.
- Awards:** Medals for 1<sup>st</sup>-8<sup>th</sup> individual events and 1<sup>st</sup>-3<sup>rd</sup> relay events.  
Ribbons for 9<sup>th</sup>-16<sup>th</sup> individual events and 4<sup>th</sup>-8<sup>th</sup> relay events.
- Seeding:** Best Short Course times should be submitted for All Events.
- Entries:** Entry form, recap sheets, and waiver must be sent together. 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 Deadline:** Forms and fees (and diskettes) must be in the hands of Marcy Rushing no later than **February 5<sup>th</sup> to allow registration check of entrants.**

Mail entries to: **Marcy Rushing**  
**690 Liberty Road**  
**Flowood MS, 39232**  
**Phone: 601-664-6814**

OR e-mail to: [sunkistcoach@yahoo.com](mailto:sunkistcoach@yahoo.com)

**Late Entries:** **LATE ENTRIES WILL NOT BE ACCEPTED!**

**SWIM WEAR:** Swim Wear will be according to Article 102.9 of USA Swimming Rules and Regulations. 102.9 Swimwear, .1 Design, A. Swimsuits worn for all 12 & under age group defined competition shall not cover the neck, extend past the shoulder, nor past the knee.

**POOL CERTIFICATION:** Swimming Rules and Regulations. 202.3 Conditions of Sanction  
The competition course has not been certified in accordance with 104.2.2C(4).

- 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.**
- Entry Fees:** \$3.00 per individual event  
\$2.00 facility surcharge per swimmer  
\$5.00 MSI surcharge per swimmer  
\$8.00 per relay event  
Make checks payable to **SUNKIST SWIM TEAM**
- 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.
- Warm-up:** Warm-up procedures will follow the MSI guidelines. The first 30 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**.
- Four 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.
- Additional Info:** 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.
- Scratches:** USA-Swimming Scratch rules for timed finals will be in effect. No swimmer may scratch from an entered event and then enter another event. No swimmer may enter a later event to make up for a missed event.
- Meet Director:** Karen Dierolf

**Referee:** Doug Welch  
405 Fawnwood Drive  
Brandon, MS 39042  
(601) 862-0866

**Starter:** Maribeth Slinkard

**2010 MSI 8 & Under Developmental Meet Order of Events**

<b><u>Girls</u></b>	<b><u>Event</u></b>	<b><u>Boys</u></b>
1	8-U 100 Free Relay (5 minute break)	2
3	6-U 25 Free	4
5	7 year 25 Free	6
7	8 year 25 Free	8
9	6-U 25 Back	10
11	7 year 50 Back	12
13	8 year 50 Back	14
15	6-U 50 Free	16
17	7 year 100 Free	18
19	8 year 100 Free	20
21	6-U 25 Breast	22
23	7 year 25 Breast	24
25	8 year 25 Breast	26
27	6-U 25 Fly	28
29	7 year 50 Fly	30
31	8 year 50 Fly	32
33	7 year 25 Back	34
35	8 year 25 Back	36
37	7 year 50 Free	38
39	8 year 50 Free	40
41	7 year 50 Breast	42
43	8 year 50 Breast	44
45	7 year 25 Fly	46
47	8 year 25 Fly	48
49	7 year 100 IM	50
51	8 year 100 IM	52
	(5 minute break)	
53	8-U 100 Medley Relay	54

**\*\* Meet management reserves the right to insert breaks to insure there is enough time between swimmers events\*\***

**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 \_\_\_\_\_

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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

**MSI 8 & Under Developmental Meet  
ENTRY FORM  
February 13, 2010**

**CLUB NAME:** \_\_\_\_\_ **ABBREVIATION** \_\_\_\_\_

**COACHES:** \_\_\_\_\_  
\_\_\_\_\_

**TEAM ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**PHONE:** \_\_\_\_\_  
\_\_\_\_\_

**NUMBER OR INDIVIDUAL ENTRIES** \_\_\_\_\_ **@\$2.00/ENTRY=\$** \_\_\_\_\_  
**NUMBER OF INDIVIDUAL ENTRIES** \_\_\_\_\_ **@\$3.00/ENTRY=\$** \_\_\_\_\_

**NUMBER OF RELAY ENTRIES** \_\_\_\_\_ **@\$8.00/RELAY=\$** \_\_\_\_\_

**NUMBER OF TOTAL ATHLETES** \_\_\_\_\_ **@\$5.00/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, SUNKIST SWIM TEAM, AND THE FLOWOOD FAMILY YMCA AND IT'S EMPLOYEES.**

**SIGNATURE OF COACH OR CLUB REPRESENTATIVE:**

**Mail entries to :**

**Marcy Rushing  
690 Liberty Road  
Flowood MS, 39232  
Phone: 601-664-6814**

**Email: [sunkistcoach@yahoo.com](mailto:sunkistcoach@yahoo.com)**

