

**2011 COCA COLA FALL INVITATIONAL  
JOE FRANK SANDERSON CENTER  
MISSISSIPPI STATE UNIVERSITY  
NOVEMBER 19, 2011**

- Sanction:** Held under the sanction of USS and MSI.  
Sanction # 1127
- Hosted by:** Mississippi Shockwave Aquatic Team
- Location:** Mississippi State University  
Joe Frank Sanderson Center Natatorium  
Starkville, Mississippi  
Pool Phone - (662) 325-SWIM
- Facilities:** Indoor 25 meter x 25 yd pool, 8-lane competition course with warm-up and warm-down available. Daktronics timing scoreboard: HY-TEK program. Concessions/Hospitality. The competition course has not been certified in accordance with 104.2.2C(4).
- Water Depth:** Starting end depth: 9 ft.  
Mid-point depth: 7 ft.  
Turn end depth: 4 ft. and 10 in.
- Schedule:** Warm-ups: 10:00 A.M.                      Competition: 11:00 A.M.  
Officials Meeting: 10:30 A.M.              Coaches Meeting: 10:45 A.M.
- Rules:** Current USS Rules will govern the meet.
- Eligibility:** The age of the swimmer on November 19, 2011 determines the age group 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.**

**Meet Limit:** The meet will be limited to the first 250 swimmers. Each swimmer is limited to **FIVE individual** events, plus **TWO relays** per day. All events will be timed finals. All entries must be submitted with:

1. Properly completed entry forms with age/USS #
2. Signed release form.
3. Completed cover sheet.

ALL IMPROPERLY FILLED ENTRY FORMS, THOSE WITHOUT FEES OR THOSE RECEIVED AFTER 250 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  
\$5.00 MSI surcharge per swimmer  
\$8.00 per relay event  
\$3.00 Sanderson Facility Fee per swimmer  
Make checks payable to **SHOCKWAVE**

**Entry Deadline:** Forms and fees (and diskettes) must be in the hands of Robert Gonzalez no later than **Saturday, November 12, 2011**. Late entries will be accepted when lanes are available and the meet referee approves. No swimmer may scratch one event and enter another. Late entries are due by the beginning of each session.

Mail entries to: Robert P. Gonzalez  
Mississippi Shockwave  
150 Yellowjacket Drive, Apt 9  
Starkville, Mississippi 39759  
Telephone: 662-574-9010

OR e-mail to: [shockwavecoach@yahoo.com](mailto:shockwavecoach@yahoo.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 pre-seeded according to Current USS Rules for timed finals. Entry forms submitted without times or unreadable times will be seeded as No Time (NT). Entry times must be submitted in short course yard times.

**Warm-Up:** MSI safety guidelines and procedures are in effect for this meet. Diving is not allowed in lanes with two-way traffic. Diving is only permitted under the direct supervision of a certified USA Swimming coach. A meet marshal shall be given authority to remove swimmers who do not follow safety procedures.

**Supervision:** A USA swimming member coach must supervise during warm-ups, competition and warm-down. 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.

### **Swimwear**

**Restrictions:** Swimwear worn at MSI meets must conform to USA Swimming Rules & Regulations (Art. 102.9.1 and revisions thereof), its interpretation and provision for exemptions based on a swimmer's religious beliefs or medical condition.

### **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  
Relay events: 18-14-12-10-8-6-4-2  
Seniors and 13-14 will be scored separately.

**Awards:** First -Eighth: Ribbons for 12-under events only.  
Individual High point trophy will be awarded to each boy/girl age group  
Senior events do NOT count for age-group high point award for 11-12 and below.

**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 Joe Frank Sanderson Center is located on the campus of Mississippi State University in Starkville, Mississippi. The center is located on the south end of Chadwick Lake just below the Humphrey Coliseum.

### **Additional Information:**

Any swimmer who is not swimming an individual event, but is on a relay must pay the \$5.00 MSI 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. No glass containers on the pool deck.

Prior to the beginning of the final heat in all individual events, 30 seconds of music will be played in anticipation. According to the psych sheet, the top qualifier may choose his/her music. All other music will be played at random. Music selection must be submitted to the meet director prior to the beginning of warm-ups. Obscene music selections will result in the disqualification of the swimmer.

Coaches should email the meet director prior to the competition with information on how many athletes wish to participate in the water polo tournament following the conclusion of the final event.

- Hospitality:** Hospitality room provided for registered coaches and meet officials.
- Coaches:** An individual must be a current Coach Member of USA Swimming to perform coaching duties. Coach's packets provided for coach members only. Non-certified or registered coaches may observe the meet, but should not sit in coach's area.
- Meet Director:** Robert P. Gonzalez  
Mississippi Shockwave  
150 Yellowjacket Drive, Apt 9  
Starkville, Mississippi 39759  
662-574-9010
- Meet Referee:** Terri Lane  
Delta Aquatic Club  
Cleveland, Mississippi

## ORDER OF EVENTS - SATURDAY MORNING SESSION

Warm-ups at 10:00 AM and Competition at 11:00 AM

<u>GIRLS</u>	<u>EVENT</u>		<u>BOYS</u>
1	OPEN	200 Medley Relay	2
3	11-12	200 Medley Relay	4
5	10-U	100 Medley Relay	6
7	OPEN	100 Breaststroke	8
9	11-12	50 Breaststroke	10
11	10-U	50 Breaststroke	12
13	8-U	25 Breaststroke	14
15	OPEN	50 Freestyle	16
17	11-12	50 Freestyle	18
19	10-U	50 Freestyle	20
21	8-U	25 Freestyle	22
23	OPEN	200 I.M.	24
25	11-12	100 I.M.	26
27	10-U	100 I.M.	28
29	OPEN	100 Backstroke	30
31	11-12	50 Backstroke	32
33	10-U	50 Backstroke	34
35	8-U	25 Backstroke	36
37	OPEN	100 Butterfly	38
39	11-12	50 Butterfly	40
41	10-U	50 Butterfly	42
43	8-U	25 Butterfly	44
45	OPEN	100 Freestyle	46
47	10-U	100 Freestyle Relay	48
49	11-12	200 Freestyle Relay	50
51	OPEN	200 Freestyle Relay	52

Events 45 & 46 will be swum fastest to slowest and scored separately for Seniors, 13-14, 11-12 and 10-U.

**TEAM ENTRY SUMMARY SHEET**

**Total Number of Swimmers** \_\_\_\_\_ **X \$5.00 =** \_\_\_\_\_ **MSI Surcharge**

**Total Number of Swimmers** \_\_\_\_\_ **X \$3.00 =** \_\_\_\_\_ **Sanderson Center Fee**

**Total Number of Individual Entries** \_\_\_\_\_ **X \$3.00 =** \_\_\_\_\_

**Total Number of Relay Entries** \_\_\_\_\_ **X \$8.00 =** \_\_\_\_\_

**Total entry fees** \_\_\_\_\_ **\$** \_\_\_\_\_

**Send official results to:**

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

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

\_\_\_\_\_

\_\_\_\_\_

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

**Club Name:** \_\_\_\_\_ **Club Code:** \_\_\_\_\_

**Coaches Names:** \_\_\_\_\_

\_\_\_\_\_

**Release**

**On behalf of each of the listed competitors, I understand and agree that United States Swimming, Inc., Mississippi swimming, Inc., Mississippi State University, and Mississippi Shockwave Aquatics SWAT shall be free of all liabilities or claims for loss of valuables or damages arising by any reason of injuries to anyone during travel to or from this meet or during conduct of this meet or during any social gathering associated with this meet and expressly agree to waive claim as condition of being allowed to enter this meet.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Team Coach or Representative**

**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