

**NASHVILLE AQUATIC CLUB OCTOBER OPEN SWIM MEET
OCTOBER 24 & 25, 2009**

This meet will be conducted under the auspices of Southeastern Swimming, Inc. of USA Swimming, the rules of which apply.

SES SANCTION NUMBER: 09SENAC10-25

HOST CLUB: Nashville Aquatic Club

LOCATION: Tracy Caulkins Competition Pool at Centennial Sportsplex
222 25th Avenue North Nashville, TN 37203 - (615) 321-3510

ELIGIBILITY: Meet is open to all USA Swimming registered athletes. The age of the swimmer on the first day of the meet will determine the age for the entire meet.

MEET START TIMES:

Saturday October 24

13&Over Morning Session: Warm-up 7:00 am Competition begins at 8:00 a.m.

12&Under Afternoon Session: Warm up immediately after AM session. Competition 50 minutes after warm ups begin

13&Over Evening Session: Warm-ups immediately after 12&U session. Competition 60 minutes after warm ups begin

Sunday October 25

12&Under AM Session: Warm-up 7:00 am Competition begins at 8:00 am

13&Over PM Session: Warm-ups immediately after 12&U session. Competition 60 minutes after warm up begins

NOTE: 8 & under swimmers should report to the Clerk of Course prior to their events.

SEEDING: All events will be pre-seeded with the exception of the 13&Over 1000 Free, 500 Free, and 400 IM. Swimmers must positively sign in to be allowed to swim a deck seeded event. The 13-14 and Senior 1000 Free, 500 Free, and 400 IM will be swum fastest to slowest. All 13&Over events will be swum together, but scored separately. The meet committee reserves the right to limit any event in order to run the meet within the time allocated. SES Scratch Rules will apply.

RELAYS: Relays will be offered for 12 & Under Age Groups only. Relay cards should be turned in at the Clerk of Course no later than 30 minutes after the start of the session. The meet committee reserves the right to limit or cancel relays in order to run the meet within the time allocated.

DISABLED SWIMMERS: Check-in with the Meet Director (attached Disabled Swimmer Form)

ENTRIES: 13&Over swimmers may enter up to five (5) individual events on Saturday (combined total of two sessions) and four (4) individual events on Sunday. 12 & Under swimmers may enter up to four (4) individual events per day.

ENTRY FEES:	Individual events	\$ 5.00	Late Fees	\$ 6.00
	Relays	\$10.00	Late Fees	\$11.00
	SES surcharge	\$ 3.00	SES surcharge	\$ 3.00
	Out of LSC surcharge	\$ 5.00	Out of LSC Surcharge	\$5.00

- Meet may be limited to 800 participants or 400 participants in each session.

- Late entries may be accepted at the discretion of the Meet Director. All late fees will apply.

- Teams with HY-TEK's Meet Manager should submit entries via e-mail. Hard Copy, check, entry summary and release should be mailed for entry to be considered complete. Please waive need for signature on any express mail, Federal Express, UPS shipment, etc. Make all checks payable to: Nashville Aquatic Club.

Please submit entries to:

ENTRY CHAIR: **Stacy Blackwood**
6224 Milbrook Road
Brentwood, TN 37027
615-370-8471
entry@swimnac.com

Please direct questions to:

MEET DIRECTOR: **Chris McPherson**
nashvillemacs@mac.com
615-554-3354

NOTE: HYTEK event file, psych sheet, daily results and other meet information will be posted on the NAC website (www.swimnac.com) as it becomes available.

DEADLINE: All entries, release forms and fees must be received by 6:00 p.m. **Tuesday October 13, 2009.**

AWARDS: Ribbons will be awarded for 1st – 8th places for individual 12 & under events only and 1st – 3rd places for 12 & Under relays only. Coaches or team representatives may pick up all awards on the last day of the meet.

SCORING: Individual events: 9-7-6-5-4-3-2-1. Relays: 18-14-12-10-8-6-4-2.

OFFICIALS: Head Referee: Mike Dobbs – mdobbs.nash@comcast.net
Head Coach: John Morse

POOL DESCRIPTION: The competitive pool is 50 meters, divided by two bulkheads, with each course 25 yards with 8 nine foot wide lanes. Pool depth is a minimum of 7 feet. It is equipped with Colorado Timing, Swimming systems. Wireless live results in the pool area will be available for those with Hy-Tek's Hy-Wire installed on their Pocket PC or Palm OS device

WARM-UP: SES Warm-up procedures and Meet Safety Guidelines will be in effect.

SPORTSPLEX RULES: THE CENTENNIAL SPORTSPLEX RESPECTFULLY ASKS THAT: NO OUTSIDE FOOD OR DRINK BE BROUGHT INTO THE BUILDING. NO FOOD OR DRINK (with the exception of water bottles) BE BROUGHT INTO THE POOL AREA. NO COOLERS BE BROUGHT INTO THE BUILDING. (CONCESSIONS WILL BE AVAILABLE FOR SALE BY SPORTSPLEX PERSONNEL.) ONLY SWIMMERS, COACHES, AND MEET PERSONNEL SHALL BE ON THE POOL DECK AT ANY TIME.

EVALUATION: Any specific problems or concerns about the meet that are not resolved during the meet or to your satisfaction should be communicated in writing immediately to the chairperson of Southeastern Swimming.

John Woods
Southeastern Swimming
205 Island Avenue
Chattanooga, TN 37405

**2009 Nashville Aquatic Club October Open Order of Events
Saturday October 24, 2009 – 13&Over Morning Session**

Warm up: 7:00 a.m. / Competition: 8:00 a.m.

GIRLS	EVENT DESCRIPTION	BOYS
1	13&OVER 200 FREESTYLE	2
3	13&OVER 100 BACKSTROKE	4
5	13&OVER 100 BUTTERFLY	6
7	13&OVER 400 INDIVIDUAL MEDLEY**	8

All 13&Over events will be swum together and scored separately as 13-14 and Senior.

** Positive check-in required for 400 Individual Medley by 8:00 a.m. The 400 IM will be run fastest to slowest.

Saturday October 25, 2009– 12&Under Afternoon Session

Warm up: Immediately following Morning session / Competition: 50 minutes after warm up begins

GIRLS	EVENT DESCRIPTION	BOYS
9	8&U 100 INDIVIDUAL MEDLEY	10
11	10&U 200 INDIVIDUAL MEDLEY	12
13	11-12 200 INDIVIDUAL MEDLEY	14
15	8&U 25 BREASTSTROKE	16
17	10&U 50 BREASTSTROKE	18
19	11-12 50 BREASTSTROKE	20
21	8&U 50 BACKSTROKE	22
23	10&U 100 BACKSTROKE	24
25	11-12 100 BACKSTROKE	26
27	8&U 25 BUTTERFLY	28
29	10&U 50 BUTTERFLY	30
31	11-12 50 BUTTERFLY	32
33	8&U 50 FREESTYLE	34
35	10&U 100 FREESTYLE	36
37	11-12 100 FREESTYLE	38
39	8&U 100 FREE RELAY**	40
41	10&U 200 FREE RELAY**	42
43	11-12 200 FREE RELAY**	44

**** Relay cards must be turned in to the Clerk of Course 30 minutes after the session begins.**

Saturday October 24, 2009 - 13&Over Evening Session

Warm up: Immediately following Morning session / Competition: 1 hour after warm up begins

GIRLS	EVENT DESCRIPTION	BOYS
45	13&OVER 200 BUTTERFLY	46
47	13&OVER 100 FREESTYLE	48
49	13&OVER 200 BREASTSTROKE	50
51	13&OVER 500 FREESTYLE**	52

All 13&Over events will be swum together and scored separately as 13-14 and Senior.

** Positive check-in required for 500 Freestyle by start of session. The 500 Freestyle will be run fastest to slowest.

Sunday October 25, 2009 - 12&Under Morning Session

Warm up: 7:00 a.m. / Competition: 8:00 a.m.

GIRLS	EVENT DESCRIPTION	BOYS
53	8&U 100 FREESTYLE	54
55	10&U 200 FREESTYLE	56
57	11-12 200 FREESTYLE	58
59	8&U 25 BACKSTROKE	60
61	10&U 50 BACKSTROKE	62
63	11-12 50 BACKSTROKE	64
65	10&U 100 INDIVIDUAL MEDLEY	66
67	11-12 100 INDIVIDUAL MEDLEY	68
69	8&U 50 BUTTERFLY	70
71	10&U 100 BUTTERFLY	72
73	11-12 100 BUTTERFLY	74
75	8&U 25 FREESTYLE	76
77	10&U 50 FREESTYLE	78
79	11-12 50 FREESTYLE	80
81	8&U 50 BREASTSTROKE	82
83	10&U 100 BREASTSTROKE	84
85	11-12 100 BREASTSTROKE	86
87	8&U 100 MEDLEY RELAY**	88
89	10&U 200 MEDLEY RELAY**	90
91	11-12 200 MEDLEY RELAY**	92

** Relay cards must be turned in to the Clerk of Course by 8:30 a.m.

Sunday October 25, 2009 - 13&Over Evening Session

Warm up: Immediately following Morning session / Competition: 1 hour after warm up begins

GIRLS	EVENT DESCRIPTION	BOYS
93	13&OVER 200 INDIVIDUAL MEDLEY	94
95	13&OVER 50 FREESTYLE	96
97	13&OVER 200 BACKSTROKE	98
99	13&OVER 100 BREASTSTROKE	100
101	13&OVER 1000 FREESTYLE**	102

All 13&Over events will be swum together and scored separately as 13-14 and Senior.

** Positive check-in required for 1000 Freestyle by start of session. The 1000 Freestyle will be run fastest to slowest.

WAIVER, ACKNOWLEDGMENT AND LIABILITY RELEASE:

I, the undersigned coach or team representative, verify that all of the swimmers and coaches listed on the enclosed entry are registered with USA Swimming. I also acknowledge that I am familiar with the rules of USA Swimming and Southeastern Swimming, Inc. regarding warm-up procedures and meet safety guidelines, and that I shall be responsible for the compliance of my team's swimmers with those rules during this meet. The Nashville Aquatic Club, Metro Nashville Parks and Recreation, Southeastern Swimming, Inc. and USA Swimming, their agents, officers, representatives, employees and coaches shall be free from any liability or claim for damages for any and all injuries, illnesses or damage to valuables which may be sustained at this meet or while in transit to and from this meet. I also acknowledge that by entering this meet, I am granting permission for the names of any or all of my team's swimmers to be published on the internet in the form of Psych Sheets, Meet Results or any other documents associated with the running of this meet.

SIGNATURE OF COACH OR CLUB OFFICIAL:	
CLUB:	
TITLE:	DATE:

TEAM INFORMATION

CLUB NAME:		INITIALS:	
ADDRESS:			
LSC:		HEAD COACH:	
CONTACT PERSON:		PHONE NUMBER:	
FAX NUMBER:		CELL PHONE:	EMAIL:
COACHES ATTENDING:	1.		
	2.		
	3.		
	4.		
CERTIFIED OFFICIALS WHO MAY WISH TO WORK:	1.		
	2.		
	3.		
	4.		
NUMBER OF SWIMMERS ENTERED:		ATTACHED:	
		UNATTACHED:	
		TOTAL:	

SUMMARY OF FEES

Make checks payable to: Nashville Aquatic Club

NUMBER OF SWIMMERS:		X \$3.00 SES SURCHARGE =	
NUMBER OF SWIMMERS:		X \$5.00 OUT OF LSC SURCHARGE =	
NUMBER OF IND. EVENTS:		X \$5.00 PER EVENT ENTRY FEE =	
NUMBER OF RELAYS:		X \$10.00 PER RELAY ENTRY FEE =	
TOTAL DUE:			

**Southeastern Swimming
Information Form for Disabled Swimmers**

NAME:		AGE:	DATE OF BIRTH:	
ADDRESS:			PHONE NUMBER:	
EVENTS ENTERED:				
EVENT:	NO.	EVENT:	NO.	
EVENT:	NO.	EVENT:	NO.	
EVENT:	NO.	EVENT:	NO.	
DESCRIBE TYPE AND EXTENT OF DISABILITY (Be specific; e.g. totally or partially blind or deaf; loss of limbs, multiple disabilities):				
THE FOLLOWING PERSONS WILL ACCOMPANY THE SWIMMER FOR ANY NEEDED ASSISTANCE:		NAME:		
		NAME:		
SEIZURES?	YES: <input type="checkbox"/>	ARE YOU ON MEDICATION?	YES: <input type="checkbox"/>	MEDICATION/DOSE:
	NO: <input type="checkbox"/>		NO: <input type="checkbox"/>	
MEDICATION/DOSE:	MEDICATION/DOSE:		MEDICATION/DOSE:	
PARENT OR GUARDIAN'S NAME:			PHONE NUMBER:	
PARENT OR GUARDIAN'S SIGNATURE:		ATHLETE'S SIGNATURE:		
PHYSICIAN'S NAME:			PHONE NUMBER:	
PHYSICIAN'S ADDRESS:				
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:	

SOUTHEASTERN SWIMMING ENTRY FORM
Times should be in SHORT COURSE YARDS
Please duplicate as needed

		EVENT NAME	NO.	BEST TIME	EVENT NAME	NO.	BEST TIME
NAME OF SWIMMER:							
USS REGISTRATION NO.:							
DATE OF BIRTH:	SEX:						
NAME OF SWIMMER:							
USS REGISTRATION NO.:							
DATE OF BIRTH:	SEX:						
NAME OF SWIMMER:							
USS REGISTRATION NO.:							
DATE OF BIRTH:	SEX:						
NAME OF SWIMMER:							
USS REGISTRATION NO.:							
DATE OF BIRTH:	SEX:						