

SAN FERNANDO VALLEY CATHOLIC SWIM LEAGUE Meet #2
St. Mel Swim Meet - OCT. 11th , 2015

MEET DATE: SUNDAY, OCTOBER 11th , 2015

ENTRY DEADLINE: TO YOUR TEAM REP-MON.,SEPT.28th,2015

MEET STARTS AT: 7-8, 6 & Under 9:00 AM
9 - 14 approx. 12:00 PM

WARM-UP TIME: AM session (6/Under, 7 & 8) 8:00-8:50AM
PM session (9-14 yr olds) Approx 11:00AM

Teams are responsible for filling assigned timing chairs during the meet. **NO CHECK IN: morning and afternoon events will be preseeded into heats, and printed in the meet program. Teams will be assigned warm up lanes; swimmers must be supervised by coach.**

POOL: San Fernando Regional Pool: 208 Park Ave., San Fernando 91340. Directions from 118 Fwy, exit San Fernando Rd., turn north, road will split, stay to the right on Truman St., turn right on Wolfskill St., just across the railroad tracks turn right on Robert F. Kennedy St. (formerly 1st St), turn left on Park Ave., aquatics center on right.

WARM UP POLICY: Swimmers warming up or down before, during or after the swim meet MUST be under the direct supervision of a coach or team representative. There will be no diving into the pool during these times except into the designated sprint lane(s). During the meet, the warm up lanes will be closed if swimmers are playing. No diving in the warm up lanes during the meet.

ELIGIBILITY: Qualified swimmers from the League's schools or parishes are eligible. Swimmers MUST BE registered in the parish or a student of the Catholic school. No minimum number of swimmers is required per team. A swimmer's age as of 9/1/15, will determine the age group the swimmer will enter for all four meets of the 2014 season, even if they age up during the season. Swimmers must be a minimum of four years old by 9/1/15, to enter the meet. Swimmers may be entered in a MAXIMUM OF FOUR INDIVIDUAL EVENTS. For 9 or 10 yr old swimmers to enter 100IM, they must have achieved times in all four 50s of the strokes in the 2014 or 2015 season. All parents must complete the Release of Liability waiver on the entry form, and provide the name of the Medical Insurance carrier. The participant's parents' private insurance is required for entry into the competition, and must cover them for the league swim competitions, for any practices, and for travel to and from the competitions and practices. Parents and Athletes must complete a Code of Conduct form and turn it to their School or Team rep to be kept on file.

RULES: Southern California Swimming rules will govern. The morning and afternoon sessions will be preseeded into heats; no check in. Individual events will be swum combined age group, but awarded & scored by age years specified under awards. Swimmers will be disqualified for stroke technique violations, which will be reflected on results.

RELAYS: Coaches or team representatives may enter relays at the meet, on forms provided at the Admin table. No limit to the number of teams in each age group. All relay teams will consist of girl or boy swimmers in specified age groups, i.e. 6/Un, 7/8, 9/10, etc. In order for a swimmer to participate on a relay team, the swimmer must be entered in and swim in at least one individual event. All scoring relay teams will be comprised of swimmers from the SAME SCHOOL/PARISH. Relays comprised of swimmers from more than one team will be exhibition, and will not receive awards or team points.

ENTRY TIMES: The meet admin will use entry times from the 2014 or 2015 San Fernando Valley Catholic League season (not workout or time trials. Please do not put any times on the entry form.

AWARDS: Team plaques: 1st through 5th for 3 team size divisions based on entries. Individual events awards: 1st through 10th, in age divisions 6 & under, 7, 8, 9, 10, 11, 12, 13/14; scored 11-9-8-7-6-5-4-3-2-1. Relay awards: 1st through 3rd place in each age group; scoring through 10th place; scored 22-18-16-14-12-10-8-6-4-2. All awards will be distributed the end of each session to a team representative or coach. PLEASE DO NOT pick up any awards during the meet.

ENTRY FEE \$3.50 PER INDIVIDUAL EVENT, PLUS \$9.00 POOL SURCHARGE PER SWIMMER. \$5.00 per relay event must be paid at the meet. Paper entries with check payment (NO CASH) must be either turned into your team rep or mailed in by deadlines below. MAXIMUM 4 INDIVIDUAL EVENTS MAY BE ENTERED.

ENTRY DEADLINE ENTRIES MUST BE TURNED INTO YOUR TEAM REP BY MONDAY, SEPTEMBER 28th , 2015 ENTRIES WILL NOT BE ACCEPTED AT THE MEET.

PLEASE MAKE CHECKS

PAYABLE TO: YOUR SCHOOL TEAM

SWIMWEAR VENDOR AT THE MEET

PROGRAMS AVAILABLE

ALL CANOPIES MUST BE TIED DOWN TO 5 GALLON WATER BUCKETS (NO SPIKES IN GRASS)

ST. MEL SWIM MEET - SUNDAY, OCTOBER 11th, 2015

GIRLS EVENT#

BOYS EVENT #

MORNING SESSION (Starts 9:00 AM)

| | | | |
|----|-----------|---|----|
| 1 | 7-8 | 25 yd Back | 2 |
| 3 | 6 & Under | 25 yd Back | 4 |
| 5 | 7-8 | 25 yd Breast | 6 |
| 7 | 6 & Under | 25 yd Breast | 8 |
| 9 | 7-8 | 25 yd Free | 10 |
| 11 | 6 & Under | 25 yd Free | 12 |
| 13 | 7-8 | 25 yd Fly | 14 |
| 15 | 6 & Under | 25 yd Fly | 16 |
| | 7-8 | 100 yd Mixed Free Relay (enter at meet) | 18 |
| | 6 & Under | 100 yd Mixed Free Relay (enter at meet) | 20 |

Afternoon Session will start 50 min after enter of Morning session, not before 12:00 PM)

PARENT RELAY - EXHIBITION

| | | | |
|----|---------|--------------------------------------|----|
| 21 | 9-10 | 100 yd IM* | 22 |
| 23 | 11 - 12 | 100 yd IM | 24 |
| 25 | 13 - 14 | 100 yd IM | 26 |
| 27 | 9 - 10 | 50 yd Back | 28 |
| 29 | 11 - 12 | 50 yd Back | 30 |
| 31 | 13 - 14 | 50 yd Back | 32 |
| 33 | 9 - 10 | 50 yd Breast | 34 |
| 35 | 11 - 12 | 50 yd Breast | 36 |
| 37 | 13 - 14 | 50 yd Breast | 38 |
| 39 | 9 - 10 | 50 yd Free | 40 |
| 41 | 11 - 12 | 50 yd Free | 42 |
| 43 | 13 - 14 | 50 yd Free | 44 |
| 45 | 9 - 10 | 50 yd Fly | 46 |
| 47 | 11 - 12 | 50 yd Fly | 48 |
| 49 | 13 - 14 | 50 yd Fly | 50 |
| | 9-10 | 200 yd Mixed Free Relay (deck entry) | 52 |
| | 11 - 12 | 200 yd Mixed Free Relay (deck entry) | 54 |
| | 13 - 14 | 200 yd Mixed Free Relay (deck entry) | 56 |

PLEASE CUT ALONG LINE BELOW & TURN INTO TEAM REP; 9 & 10 yr olds must have achieved times in 4-50s of strokes to enter 100IM

Participant's Name: _____ AGE: _____ BIRTHDATE: ___/___/___ BOY _____ GIRL _____
LASTNAME **FIRSTNAME** **(age as of 9/1/15 will be age group for all 4 meets)**

Medical Insurance Carrier: _____ Policy Number: _____

School/Parish _____ Parent EMAIL ADDRESS: _____

You must attend a member Catholic school or be a registered member of the Catholic parish listed above to enter.

| EVENT | Check BOX | |
|--------------|-----------|--|
| IM | | |
| BACKSTROKE | | |
| BREASTSTROKE | | |
| FREESTYLE | | |
| BUTTERFLY | | |

Number of events entered _____ X \$3.50 = _____

Pool Surcharge = \$9.00

Check payable to YOUR SCHOOL TEAM

Deadline Monday, Sept. 28th

TOTAL: _____

(1event= \$12.50, 2=\$16, 3=\$19.50, 4=\$23)

PARENT/GUARDIAN _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 TELEPHONE: (_____) _____

MAX 4 EVENTS

In consideration of the acceptance of this entry, we the undersigned participant and/or parent or guardian intending to be legally bound, do hereby for ourselves, release and forever discharge any and all right to claims for damages which we or either of us may hereafter have against the Catholic Archdiocese of Los Angeles, the San Fernando Valley Catholic Swim League, the participating parish schools, churches, or swim team (named on the front of this entry); the County of Los Angeles, the City of San Fernando and/or their respective officers, agents, representatives, successors and/or assignees, for any and all injuries or damages which may be sustained or suffered by us in connection or entry in and/or arising out of our practicing in preparation for traveling to, participating in and/or returning from said meet.

Signature of Parent/Guardian _____

Date _____