

\$12.00 per relay event

Entries: A meet event file for import will be available on the Mississippi and SES web site, or you can contact runner5552@aol.com for it to be e-mailed to you. Teams who have HYTEK'S Meet/Team Manager may submit their entries on a 3-1/2" disk, or export them by e-mail attachment. Email version is preferred. Please e-mail a word document copy attachment of entries for verification purposes to the same email address. Manual backup forms may be submitted. No manual entries will be accepted. Entry forms must be completely filled out including the swimmers' best times in long course meters.

Mail Backup of Entries To: Fran McCawley
1867 Old Towne Lane
Germantown, TN 38139

Late Entries: Late entries by e-mail will be accepted for available lanes only through March 29. Deck entries will be accepted for available lanes only through 7:45AM Saturday April 3rd

Deadline: Entry diskettes and/or printouts, summary/release sheets, and entry fees including surcharges must be received on or before March 27. Data received by email will guarantee on time entries, but payment and all completed forms must be received no later than March 27.

Limits: Swimmers are limited to 5 individual events, exclusive of relays.

Meet Format: All events are long course meters events. This is a timed finals meet. The Meet Committee reserves the right to configure swim sessions and event groupings after entries have been received. All events will be pre-seeded except the 400 free. Positive check in is required by the swimmer or their coach. The deadline for the deck-seeded events is 12:45PM Saturday April 3. The 400 free is a 15 & up event only. This event will be limited to 2 heats for boys and 2 heats for girls (top 16 seeds). The host team reserves the right to limit the number of heats in deck-seeded events in order to run the meet in the allotted time.

Four Hour Rule: If an age group event for 12 and U swimmers is swum after the session has been running 4 hours, each involved swimmer has the option of either swimming the event or receiving a refund for the event. A swimmer desiring a refund must declare his/her intent to the Meet Director or his/her designee. There will be no refunds for swimmers not in attendance. The meet director has the right to combine sessions if the number of swimmers entered indicates that 2 sessions would run too quickly.

Scoring: This meet will not be scored.

Awards: Ribbons will be awarded for 1st through 8th place in all individual events, and 1st through 4th places in relay events.

Results: Results in Team Manager acceptable format will be emailed to all teams shortly after the meet. Printed copies and diskettes (if originally provided) of results will be returned by mail following the end of the meet if requested.

Questions: Please contact the meet director.

1 Mississippi Swimming Information Form for Disabled Swimmers

Name: _____ Age: _____ Date of Birth: _____

Address: _____ Phone number: _____

Events Entered:

Event	No.	Event	No.	Event	No.	Event	No.

Type of disability

(describe): _____

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 persons will accompany the swimmer for any needed assistance:

Seizures? Yes _____ No _____

Are You on Medication? Yes _____

Type of Medication	Dose

Parent or Guardian's Name: _____ **Phone No.:** _____

Parent or Guardian's Signature: _____

Athlete's Signature: _____

Physician's Name: _____ **Phone No.:** _____

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.

Physicians Signature: _____ **Date:** _____

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 Mississippi 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. Collierville Swimming, the Henderson Aquatic Center,, Tunica County Recreation Commission, Mississippi 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: _____

Date: _____

Title: _____

Team Information

Team Name: _____ Initials: _____

Email Address : _____

LSC: _____ Coach: _____

Address: _____

Phone: (W) _____ (H) _____

Person to contact for questions on entry: _____

Phone: (W) _____ (H) _____

Certified Officials who may wish to work:

1. _____ 2. _____

3. _____ 4. _____

Entry Recap

Total Number of Swimmer Surcharges _____ x \$5.00 = \$ _____

Total Number of Individual Events Entered _____ x \$4.50 = \$ _____

Total Number of Relays Entered _____ x \$10.00 = \$ _____

Total Number of Swimmer Facility Fees _____ x \$3.00 = \$ _____

Total Amount Enclosed \$ _____

ENTRY FORM

Times should be in **Long Course Meters**

Please duplicate as needed

		Event #	Event Name	Best Time	Event #	Event Name	Best Time
Name Of Swimmer							
USS Number.							
Date Of Birth	Sex						
Name Of Swimmer							
USS Number.							
Date Of Birth	Sex						
Name Of Swimmer							
USS Number.							
Date Of Birth	Sex						
Name Of Swimmer							
USS Number							
Date Of Birth	Sex						
Name Of Swimmer							
USS Number							
Date Of Birth	Sex						

**Collierville Swimming Spring Invitational 2010 LCM
Tunica Aquatics Center April 3, 2010
SESSION 1**

<u>Girls</u>	Warm-ups 8:00 Meet starts 9:00	<u>Boys</u>
1	9 – 10 200M IM	2
3	11 – 12 200M IM	4
5	8 & U 50M Breast	6
7	9 – 10 50M Breast	8
9	11 – 12 50M Breast	10
11	8 & U 50M Free	12
13	9 – 10 50M Free	14
15	11 – 12 50M Free	16
17	8 & U 50M Back	18
19	9 – 10 50M Back	20
21	11 – 12 50M Back	22
23	8 & U 50M Fly	24
25	9 – 10 50M Fly	26
27	11 – 12 50M Fly	28
29	8 & U 100M Free	30
31	9 – 10 100M Free	32
33	11 – 12 100M Free	34
35	8 & U 200M Free Relay	36
37	9 – 10 200M Free Relay	38
39	11 – 12 200M Free Relay	40

* Positive check in required by 12:45. This Event is for 15 & up Swimmers Only

**Collierville Swimming Spring Invitational 2010 LCM
Tunica Aquatics Center April 3, 2010
SESSION 2**

<u>Girls</u>	Warm-ups: not before 12:00 Meet starts: not before 1:00	<u>Boys</u>
41	13-14 200M IM	42
43	OPEN 200M IM	44
45	13-14 100M Breast	46
47	OPEN 100M Breast	48
49	13-14 50M Free	50
51	OPEN 50M Free	52
53	13-14 100M Back	54
55	OPEN 100M Back	56
57	13-14 100M Fly	58
59	OPEN 100M Fly	60
61	13-14 100M Free	62
63	OPEN 100M Free	64
65	13-14 200M Free Relay	66
67	OPEN 200M Free Relay	68
 SESSION3		
69*	15&UP 400M Free	70*

The meet director has the right to combine sessions if the number of swimmers entered indicates that 2 sessions would run too quickly.

* Positive check in required by 12:45. This Event is for 15 & up Swimmers Only