

YORK YMCA SWIMMING 10 & UNDER “TIDAL WAVES INVITATIONAL”

Wednesday, June 24, 2009

LOCATION	YMCA of York & York County – Graham Aquatic Center 542 North Newberry Street York PA 17404
EMERGENCY PHONE NUMBER	DAY OF MEET: <u>717-812-0119</u>
FACILITIES	New indoor facility with (8) <u>25-meter lanes</u> for competition (6’ depth), (5) <u>25-yard lanes</u> for warm-up/warm-down; permanent bleacher seating for 600+ with possible 200 additional bleacher seats on pool deck; very large deck area for swimmers, coaches and officials; Daktronics Omni-Sport 2000 timing system with 8-lane full-color LED scoreboard; Hy-Tek Meet Manager software; concession area with promenade overlooking competitive pool; parking capacity: 550.
MEET DIRECTOR	George Zimmerman. 717-771-5206 (evenings & weekends). E-mail: zimgeo1@aol.com
SAFETY DIRECTOR	TBA. George Zimmerman. 717-771-5206 (evenings & weekends). E-mail: zimgeo1@aol.com
OFFICIALS	Brian Gunn. If interested in assisting during the meet, please email George Zimmerman at zimgeo1@aol.com .
ELIGIBILITY	Meet is OPEN TO ANY 10 & Under swimmer registered with a swimming team for 2009. Swimmer’s age is as of June 1, 2009.
ENTRY LIMITATIONS	SWIMMERS MAY ENTER A MAXIMUM OF 5 INDIVIDUAL EVENTS AND 2 RELAYS. The Meet Director reserves the right to limit entries, events or heats, or to modify the meet format. Swimmers/teams eliminated from the meet due to time or space constraints will be given a full refund.
ORDER OF EVENTS	Order of Events is attached. All events are pre-seeded, timed finals.
WARM-UP AND START TIMES	Warm-Ups: 4:30 PM Meet Start: 6:00 PM Thirteen lanes will be available for warm-up prior to the meet. If necessary, because of the number of meet entries, specific lanes will be assigned to each team at the discretion of the Meet Director.

<p style="text-align: center;">RULES</p>	<p>This meet will be conducted according to current NFHS Swimming rules.</p> <ul style="list-style-type: none"> • NFHS Swimming safety guidelines and warm-up procedures will be in effect for the entire meet. Failure to obey the instructions of a safety director, marshal & official may result in disqualification from the meet. There is absolutely NO DIVING permitted in the warm-up pool at any time. Swimmers violating safety rules will be removed from the pool. Subsequent violations will result in the swimmer's disqualification from the remainder of the meet. • This meet will be conducted using the Whistle command and, with the exception of the 8 & Under events, No Recall False Start procedures. • Spectators are prohibited from entering areas of the pool which are being used by swimmers, coaches, and officials.
<p style="text-align: center;">BULKHEAD SAFETY RULE</p>	<p>ANY SWIMMER OBSERVED SWIMMING UNDER OR THROUGH THE BULKHEAD BY AN OFFICIAL OR SAFETY MONITOR AT THE MEET WILL BE DISQUALIFIED FROM THAT SWIMMER'S NEXT INDIVIDUAL EVENT OR FROM THE REMAINDER OF THE MEET, AS DETERMINED BY THE MEET REFEREE. THIS POLICY WILL BE STRICTLY ENFORCED.</p>
<p style="text-align: center;">SWIMMERS WITHOUT A COACH</p>	<p>Swimmers unaccompanied by a credentialed coach should report to the Meet Director before or during the Warm-up session.</p>
<p style="text-align: center;">HOW TO ENTER</p>	<p>Hy-Tek entries are preferred. Entries should be submitted as an e-mail attachment addressed to:</p> <ul style="list-style-type: none"> • zimgeo1@aol.com • SUBJECT: (YOUR TEAM NAME) TIDAL WAVE INVITATIONAL • Body must include: Team Name/Number of Swimmers/Number of Entries. • ATTACHMENTS: ENTRY FILE/TEAM ENTRY REPORT <p>Manually prepared entries should be submitted on the form attached to this announcement and transmitted as an e-mail attachment. The meet announcement is available from our web sites (www.swimyorkey.org and www.swimtidalwaves.org). Electronic data will be considered the official version for meet entries. Electronic data supersedes any information contained on teams' entry printouts with respect to resolution of errors/discrepancies.</p>
<p style="text-align: center;">ENTRY FEE</p>	<p>\$4.00 per individual event. \$8.00 per relay per event. Checks payable to "York YMCA Aquatic Club."</p>
<p style="text-align: center;">SEND ENTRIES & PAYMENT TO:</p>	<p>York YMCA Tidal Waves c/o George Zimmerman 2035 Leonard Street York PA 17404</p>

	<p>Meet Summary must accompany payment. Payment must be postmarked by Thursday, June 18, 2009 or entries will be rejected.</p>
ENTRY DEADLINE	Wednesday, June 17, 2009. Late entries will not be accepted.
INQUIRIES	Refer questions about the entries and the meet to George Zimmerman, Meet Director. Telephone (evenings and weekends): 717-771-5206; email: zimgeo1@aol.com .
AWARDS	<p>Medals will be awarded first through third place; ribbons will be awarded fourth through twelfth place for individual events.</p> <p>Ribbons will be awarded first through sixth for relay events.</p> <p>Awards and scoring will be based upon the age of the swimmer: 10 year olds, 9 year olds, 8 year olds, and 7 & Unders.</p>
ADMISSION	Admission: \$2.00; Programs: \$3.00. Children under 5 are admitted without charge. Meet volunteers are admitted without charge.
FINAL RESULTS	Final results will be posted on the York YMCA Swimming website (www.swimnyorky.org), and the York YMCA Tidal Waves web site (www.swimtidalwaves.org) within 48 hours of the conclusion of the meet.
VOLUNTEERS	Free admission will be provided to anyone who volunteers as a timer, runner or in another capacity as designated by the meet director.
DIRECTIONS	<p>TRAVELING EAST/WEST – USE ROUTE 30. Traveling Route 30 EAST: as you travel into York, you will encounter signal lights on Route 30. Travel to the 4th light – PENNSYLVANIA AVENUE. Turn RIGHT. Travel to the 1st light. Turn LEFT onto PARKWAY BLVD. The first intersection is Newberry Street. The parking lot for the pool is on the corner of Parkway and Newberry, southeast corner.</p> <p>Traveling Route 30 WEST: as you travel 30 WEST you will travel under Route 83. From the 83 overpass, travel to the 3rd. light (LEFT LANE). Turn LEFT onto PENNSYLVANIA AVENUE. Travel to the 1st light. Turn LEFT onto PARKWAY BLVD. The first intersection is Newberry Street. The parking lot for the pool is on the corner of Parkway and Newberry, southeast corner.</p> <p>TRAVELING NORTH/SOUTH – USE ROUTE 83. Traveling Route 83 SOUTH: exit Route 83 using Exit 22 (ROUTE 30 WEST). Follow signs to Route 30 WEST. After you are on Route 30, travel to the 2nd light (left lane). Turn LEFT onto PENNSYLVANIA AVENUE. Travel to 1st light. Turn LEFT onto PARKWAY BLVD. The first intersection is Newberry Street. The parking lot for the pool is on the corner of Parkway and Newberry, southeast corner.</p>

	Traveling Route 83 NORTH: Exit Route 83 using Exit labeled ROUTE 30 WEST (EXIT 21B). Travel to the 3 rd light (left lane). Turn LEFT onto PENNSYLVANIA AVENUE. Travel to 1 st light. Turn LEFT onto PARKWAY BLVD. The first intersection is Newberry Street. The parking lot for the pool is on the corner of Parkway and Newberry, southeast corner.
ACCOMODATIONS	Our Meet Hotel is the Yorktowne Hotel, http://www.yorktowne.com/ . Identify yourself as someone attending the York White Rose Holiday Relay Carnival.

RELEASE STATEMENT:

YMCA of York & York County – Graham Aquatic Center and the York YMCA Aquatic Club shall be held free and harmless from any and all liabilities or claims for damages arising by reason of injuries to anyone during the conduct of this event.

EVENTS (Meters)				
GIRLS EVENT #	AGE	DIST	STROKE	BOYS EVENT #
1	8 & U	100	MED REL	2
3	10 & U	200	MED REL	4
5	10 & U	100	FREE	6
7	6 & U	25	BREAST	8
9	7	25	BREAST	10
11	8	25	BREAST	12
13	10 & U	50	BREAST	14
15	6 & U	25	FREE	16
17	7	25	FREE	18
19	8	25	FREE	20
21	10 & U	50	FREE	22
23	6 & U	25	FLY	24
25	7	25	FLY	26
27	8	25	FLY	28
29	10 & U	50	FLY	30
31	6 & U	25	BACK	32
33	7	25	BACK	34
35	8	25	BACK	36
37	10 & U	50	BACK	38
39	7 & U	100	IM	40
41	8	100	IM	42
43	9-10	100	IM	44
45	8 & U	100	FR REL	46
47	10 & U	200	FR REL	48

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MEET SUMMARY FORM

This form MUST accompany TEAM Entries.

TEAM NAME: _____
TEAM CODE: _____
HEAD COACH: _____
COACH OR CLUB
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
EMAIL: _____

Person to contact for questions concerning entries, fees, etc. This person is responsible for receiving messages about any changes to meet times, format, etc.

NAME: _____
PHONE: _____
EMAIL: _____

Mail Entries to: York YMCA Tournament of Champions
c/o George Zimmerman
2035 Leonard Street
York PA 17404

Entry Deadline: June 17, 2009 – 5:00 PM.

Please make checks payable to: YORK YMCA AQUATIC CLUB

ENTRY FEES:
_____ OF INDIVIDUAL ENTRIES @ \$4.00 PER ENTRY \$ _____
_____ OF RELAY ENTRIES @ \$8.00 PER ENTRY \$ _____
TOTAL: \$ _____

I ATTEST THAT THE ENTERED ATHLETES ARE PROPERLY REGISTERED WITH OUR CLUB.

_____ HEAD COACH or TEAM REPRESENTATIVE

PAGE ____ OF ____

TIDAL WAVES 10 & UNDER INVITATIONAL—INDIVIDUAL ENTRY FORM

NON-ELECTRONIC ENTRY FORM

USE ONLY IF YOU ARE NOT SUBMITTING YOUR ENTRIES USING HY-TEK SOFTWARE

TEAM _____

CODE _____

SWIMMER'S NAME WITH M.I.	SEX	AGE	DOB	EVENT #	ENTRY TIME

REPRODUCE THIS FORM TO ACCOMMODATE THE TOTAL NUMBER OF SWIMMERS COMPETING.

TIDAL WAVES 10 & UNDER INVITATIONAL—RELAY ENTRY FORM

NON-ELECTRONIC ENTRY FORM

USE ONLY IF YOU ARE NOT SUBMITTING YOUR ENTRIES USING HY-TEK SOFTWARE

If a swimmer is participating in relays only, please use the full name below, including the MI, and their DOB.

TEAM _____

CODE _____

EVENT #	REL A, B, etc	ENTRY TIME	SWIMMER	SWIMMER	SWIMMER	SWIMMER

REPRODUCE THIS FORM TO ACCOMMODATE THE TOTAL NUMBER OF SWIMMERS COMPETING.