

Brockville Open Water River Swim For All Ages Part 1
Open Water Swim
Open Water River Swim Masters /Upper Canada Swim Club
Sunday, July 19th 2009

Events

Event # 1 – 500 metres
Event # 2 – 1000 metres
Event # 3 – 1500 metres

Sanctioned by Masters Swimming Ontario (MSO)
Event Day registration for swimmers, aged 18 years and over
(Swimmers may register the day of the event)

and

Registered Competitive Age Group Swimmers
Wet suits or neoprene caps of any kind are NOT permitted
Only FINA regulation swimsuits are permitted

Non-registered swimmers 18 and over who wish to compete in these events should contact the Masters Swimming Ontario registrar: **or may register the day of the event**

Brian Croker

Box 8, 552 Church Street

Toronto, ON

M4Y 2E3

Ph: 800-676-8946

Email: msoreg@mastersswimmingontario.ca

MSO Fees are \$35 per calendar year (you can belong to both age group and Masters)

Course

The circuit is a 250m line swim course in the St. Lawrence River at The East beach of St Lawrence Park

Line Swim

- ✓ **Buoyed 250 meter line**
- ✓ **Swimmers swim down one side and up the other**
- ✓ **There will be 2 starts**
 - **#1 500 metres**
 - **# 2 1000 metres & # 3 1500 metres**

Water temperatures in mid July are typically 19 - 22C (70 - 73 F).

All finishes will be determined by a visual line from the dock edge to the marked buoy at the end of the Line

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A TIME LIMIT WILL BE STRICTLY ENFORCED

500 metres = **20 minutes**
1000 metres = **40 Minutes**
1500 metres = **40 minutes by end of 2nd circuit**

Safety

- ✓ Lifeguards will provide in-water monitoring. Kayaks and canoes will be on course for safety.
- ✓ No motorized craft will be within 1500 metres of the swim course.
- ✓ Entries will be limited to 40 swimmers for Event # 1
- ✓ Entries will be limited to 80 swimmers maximum for the combined Events # 2 & 3
- ✓ A positive check-in to competition
- ✓ **In case of emergency a horn will be blown 3 times to alert the swimmers**
- ✓ **Swimmers must then evacuate to the swim dock**
- ✓ **Positive check -in required**

Location

St. Lawrence River Park
(Opposite OLD Phillips Plant)
West end Of King St.
Brockville, ON

Swim will be from the east Swimming Dock opposite covered brown stone Pavilion just west of the beach

TO READ AND AGREED UPON BY ALL ENTRANTS

1. Swimmers should not undertake this swim unless they are physically fit and sufficiently trained to participate safely.
2. In consideration of the acceptance of this entry ,I for myself , my executers, administrators and assigns, do hereby release and discharge the 1000 Islands Y Swim Masters ,Masters Swimming Ontario and Masters Swimming Canada from all claims of damages and actions whatsoever in any manner arising or growing out of my participation in this event.
3. By entering this event I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate.

For further information, please contact

Marion Wyatt

613 498 0339

Fax 613 342 5646

email info@uppercanadaswimclub.com

**Brockville Open Water River Swim For All Ages Part 1
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Hotels/Motels

**Best Western White House Motel
1843 Hwy 2 E. Brockville K6V 5T1
Telephone: (613) 345-1622**

**Brockville Super 8 Motel
7789 Kent Blvd. Brockville K6V 6N7
Telephone: 6133453900**

**Comfort Inn Motel
7777 Kent Blvd. Brockville K6V 6N7
Telephone: (613) 345-0042**

**Days Inn (401)
160 Stewart Blvd. Brockville K6V 4W6
Telephone: (613) 342-6613**

**Quality Hotel Royal Brock Conference Centre & Sports Club
100 Stewart Blvd. Brockville K6V 4W3
Telephone: (613) 345-1400**

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 ENTRY FORM

Name _____
Last First

Address _____

City Province Postal Code

Club Name _____ Short Form _____

Phone # _____ Email address _____

Registration # MSO _____ Age Group # _____

Masters Age as of Dec 31st, 2009 _____ DOB _____ Sex: M F
yy/mm/dd (please circle)

Age Group as of July 19 2009 _____ DOB _____ Sex M F
yy/mm/dd (please circle)

Please circle your event: 500 metres 1000 metres 1500 metres
Estimated entry time for swim _____

Please indicate number of guests for social following event: _____

For safety purposes, please provide details of any physical challenges that may require help- e.g. blind, deaf, amputees, _____

I have read all the details associated with this event and agree that my entry abides by all of the statements and warnings enclosed herein.

(Signature of participant or guardian if under 16 yrs old) Date _____

Make cheques payable to: **Upper Canada Swim Cub**
 Donations to Parkinson will receive a tax receipt from the Parkinson's Society

Send entries and cheques to:

Open Water Swim
c/o Marion Wyatt
48 Hartley Street
Brockville, ON
K6V 3N5

Event Fee	() x	500	
	() x	1000	
	() x	1500	
Dble entry Discount			
Food discount			
Parkinson support			
Extra Social guest			
Total enclosed			