

CLARINGTON EARLY-BIRD MEET

Sunday, October 18, 2009

hosted by

CLARINGTON SWIM CLUB



at

**The Clarington Fitness Centre
49 Liberty Street North
Bowmanville, Ontario**

Sanctioned by

MASTERS' SWIMMING ONTARIO

Facilities	25 m short course, 6-lane pool Sauna and whirlpool Free parking
Times	8:30 a.m. to 9:30 a.m. Registration for all swimmers, Deck entries 9 a.m. to 9:45 a.m. Warm-up 9:25 a.m. Dive lanes open 9:50 a.m. Start 1:30 p.m. Luncheon available!!!!!!
Deadlines	Regular entries received by Saturday, October 10, 2009 Deck entries up to 9:30 a.m. on Oct. 18, 2009, at the discretion of the meet manager. (Proof of MSO registration is required.)
Fees	Payable with entry form, cheque payable to: <i>Clarington Swim Club</i> \$30 Cdn./swimmer, unlimited # of events \$40 Cdn./swimmer for deck entries
Events	Seeded by entry time and are gender neutral Heats swum slowest to fastest
Relays	Relay teams to register from 8:30 a.m. to 9:30 a.m. Only one relay per person per event, i.e., one swim in event # 14 and one swim in event #15
Contact Info.	Debbie Pankhurst 54 Aberdeen St. Oshawa, ON L1G 2E7 (905) 725-0925 debpankhurst@hotmail.com
Eligibility	Only Masters swimmers registered with provincial or state associations will be accepted. Age group will be determined by the swimmer's age as of Dec. 31, 2009 Swimmer must have attained the age of 18 by the day of the meet.
Rules	Current SC rules will be in effect.
Awards	Ribbons for 1 st , 2 nd , and 3 rd place finishes
Results	Posted at www.claringtonswimclub.ca

MASTERS SWIMMING ONTARIO

MSO Safety Procedures

REVISED- MARCH 2005.



GENERAL WARMUP:

1. During warm-ups, no swimmer shall enter the pool by a dive or a jump from any area of the deck or starting block. Swimmers shall enter the pool **FEET FIRST** in a cautious manner, with at least one hand in contact with the pool deck or gutter.
2. Meet Management shall ensure that barriers are placed on the starting blocks during the general warm-up.
3. All lanes shall be used for general warm-up with circle swimming only, as shown below. *One outside lane shall be designated for slow swimmers.*
4. The use of hand paddles, swim fins, pull buoys, & flutter boards during warm-up shall be prohibited.

During warm-ups, swimmers in adjacent lanes must circulate in opposite directions to minimize risk of injuries along the lane ropes.

- CLOCKWISE - lanes shall be designated as: 2, 4, 6, 8
- COUNTER-CLOCKWISE - lanes shall be designated as: 1, 3, 5, 7

SPECIFIC WARMUP:

1. This portion of the warm-up shall begin 20 minutes prior to clearing the pool.
2. One outside lane and the adjacent lane or the two outside lanes may be designated as sprint lanes. Diving shall be from the normal starting end of the pool. During this time, only one-way swimming is allowed in these lanes. Upon completing one length, the swimmer shall leave the lane.

THE WARMUP PROCEDURE SHALL BE STRICTLY MONITORED

Any swimmer who flagrantly disobeys these rules may be disqualified from the competition at the discretion of the referee.

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INDIVIDUAL ENTRY FORM

SCHEDULE OF EVENTS (You may sign up for an unlimited number of events.
Please only choose what you will be swimming.)

EVENT #	NAME OF EVENT	SEED TIME
1	25 Free	
2	25 Breast	
3	100 Fly	
4	50 Back	
5	100 Free	
6	50 Breast	
7	100 Back	
8	50 Fly	
	15 minute break	
9	25 Fly	
10	25 Back	
11	100 Breast	
12	50 Free	
13	100 I.M.	
14	4X50 Free Relay (M, W, X)	
15	4X50 Medley Relay (M, W, X)	

ATHLETE WAIVER & RELEASE

In consideration of the acceptance of this entry, I for myself, my executors, administrators, and assigns, do hereby release and discharge the Clarington Swim Club, Master Swimming Ontario, and Master Swimming Canada from all claims and damages, demands, and actions whatsoever in any manner arising or growing out of my participation in 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.

SIGNATURE _____

NAME (Please print.) _____ **GENDER: M / F**

ADDRESS: Street _____
City _____ **Prov./State** _____ **Postal Code** _____

HOME PHONE _____ **EMAIL** _____

MSO # _____ **AGE (as of Dec. 31, 2009)** _____

CLUB NAME _____ **D.O.B. (dd/mm/yy)** ___ / ___ / ___

Mail entry form with payment (\$30 cheque) by Saturday, Oct. 10, 2009 to:
Deb Pankhurst, 54 Aberdeen St., Oshawa, ON L1G 2E7