

2008 BALLSTON SPA CABIN FEVER SWIM MEET
Saturday, March 8, 2008

Sanction: Sanctioned by Adirondack District Masters for USMS, Inc. # 038-003
David Barra, General Chairman

Host: Ballston Spa Swordfish Swim Club

Location: Ballston Spa High School, 220 Ballston Avenue, Ballston Spa, NY
Short Course 25 Yard Pool, 6 lanes

Directions: Available at <http://www.adirondackswimming.org/pooldirections.html>

Time: Warm-up at 9:00 AM. Meet starts at 10:00 AM.

Meet Director: Kathleen Constantine; Phone: 518-885-3291; Email: swordfish@nycap.rr.com

Eligibility: Open to all US & Canadian Masters Swimmers, 18 & older, as of March 8, 2008. Include a copy of your USMS or MSC registration card. If you need to register, please visit www.adms.org, fill out a registration form and follow the instructions. The age of a swimmer is his or her age on March 8, 2008. A swimmer may enter up to FIVE individual events. Entries must be postmarked by Saturday, February 23, 2008. USMS Technical Rules will be in effect.

Events: This is a pre-seeded meet with events being swum slowest to fastest except for the 500, 1000, and 1650 freestyle. A swimmer may compete in the 1000 freestyle **OR** the 1650 freestyle, but **NOT** both. Swimmers entered in event #1, the 500 freestyle, must check-in by 10:00 AM. Swimmers entered in event #19 or event #20, the 1000 and 1650 freestyle, must check-in by 11:00 AM. Swimmers failing to check-in by the stated time will be scratched from the event. Relays will only be accepted as deck entries and must be in by 10:00 AM. Only swimmers entered in at least one individual event in the meet are eligible to participate in relays.

Warm-up: As a result of the large number of injuries occurring across the country during warm-ups, USMS and Adirondack District Masters Swimming do not allow diving into the pool into warm-up or cool down lanes except in the one way designated sprint lanes. You must fully cooperate with this requirement. One lane will be available throughout the meet for warm-up and cool down.

Timing: An IST automatic timing and starting system will be used. The host team will provide backup timers for all events and counters for the distance freestyle events. Times will be submitted for ADMS and USMS Top Ten records.

Officials: Currently certified USAS officials will be provided.

Services: A meet program will be available for each participant. No food or drink is to be consumed on the pool deck. No glass containers of any kind may be brought into the pool or locker room areas.

Results: Results will be posted at www.adms.org.

Entry Fees: The entry fee is \$5.00 per individual event. **NO DECK ENTRIES for individual events will be accepted.** Relays must be deck entered. The entry fee for relays is \$12.00 due at deck registration. Make your check payable to "Ballston Spa Swim Club". Mail signed waiver, entry form, a copy of your USMS or MSC card, and a check to be postmarked by February 23, 2008 to: Kathleen Constantine; 205 Revere Drive; Ballston Spa, NY 12020; E-mail: swordfish@nycap.rr.com

2008 BALLSTON SPA HOLIDAY CLASSIC Entry Form

Staple <i>legible</i> copy of USMS or MSC card here		Please supply the following information:	
USMS/MSC Number	Club (as stated on USMS/MSC card)	Day Phone ()	
Name & Address (name EXACTLY as it appears on USMS/MSC card)		Evening Phone ()	
Gender	Birth date	Age (as of March 8, 2008)	Email

RELEASE OF LIABILITY BY PARTICIPANT: I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all of the risks inherent in Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.

DATE _____ **SIGNATURE** _____

In case of emergency, contact: Name _____ **Phone:** _____

9:00 AM WARM-UP 10:00 AM START

EVENT #	EVENT	ENTRY TIME (Short Course Yds)
1	500 FREESTYLE	
2	200 BUTTERFLY	
3	100 BREASTSTROKE	
4	50 FREESTYLE	
5	200 BACKSTROKE	
6	100 INDIVIDUAL MEDLEY	
7	200 MEDLEY RELAY	Deck Entry Only
8	100 BUTTERFLY	
9	200 BREASTSTROKE	
10	200 INDIVIDUAL MEDLEY	
11	50 BUTTERFLY	
12	200 FREESTYLE	
13	100 BACKSTROKE	
14	50 BREASTSTROKE	
15	400 FREESTYLE RELAY	Deck Entry Only
16	400 INDIVIDUAL MEDLEY	
17	100 FREESTYLE	
18	50 BACKSTROKE	
19	1000 FREESTYLE	
20	1650 FREESTYLE	

Total Due: _____ # of individual events X \$5.00/event = \$ _____ .00 Make checks payable to *Ballston Spa Swim Club*
Note: Relay fees are payable upon meet day entry. Please do not include payment for relays.

FIRST-TIMERS: If this is your first meet and you are registered as an Adirondack Master, you are eligible for a First-Timers T-shirt: Please circle size: M L XL