


2009 SPRING SPLASH MEET
Saturday April 4, 2009

- Sanction:** Sanctioned by Adirondack District Masters for USMS, Inc. # 039-005
David Barra, General Chairman
- Host:** Ravena Coeymans Central School District
- Location:** Ravena-Coeymans-Selkirk High School, 2025 Route 9W, Ravena, NY 12143
Short Course 25 Yard Pool, 6 lanes
- Directions:** Available at <http://www.ravenaswimclub.com> 
- Time:** Warm-up at 9:00 AM. Meet starts at 10:00 AM
- Meet Director:** David Burns, (518) 756-5200 x2065
- Eligibility:** Open to all US & Canadian Masters Swimmers, 18 & older, as of April 4, 2009. Include a copy of your USMS or MSC registration card. If you need to register, please visit www.usms.org, fill out a registration form and follow the instructions. The age of a swimmer is his or her age on April 4, 2009. A swimmer may enter up to FIVE individual events. Entries must be postmarked by Saturday March 21, 2009. USMS Technical Rules will be in effect.
- Events:** This is a pre-seeded meet with events being swum slowest to fastest except for the 1000 and 1650 freestyle. A swimmer may compete in the 1000 freestyle **OR** the 1650 freestyle, but **NOT** both. Swimmers entered in event #5, the 500 freestyle, must check-in by 10:00 AM. Swimmers entered in event #23 or event #24, 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 Masters Swimming do not allow diving into the pool during the warm-up period except in the designated sprint lanes. You must fully cooperate with this requirement. At least one lane will be available throughout the meet for warm-up, with no diving allowed.
- Timing:** A Daktronics automatic timing system will be used for meet. The host team will provide timers for all events. Swimmers in the distance freestyle events # 5, 23, and 24 will be required to supply their own counters. Lap counter cards will be supplied by the host team. Times will be submitted for ADMS and USMS Top Ten records. Note that the 25 yard events are not recognized by USMS and therefore times will not be submitted for these events.
- Officials:** Currently certified USAS officials will be provided.
- Services:** A meet program will be provided to 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.** The entry fee for relays is \$12.00 due at deck registration. Make your check payable to Ravena Swim Club, Inc. Mail signed waiver, entry form, a copy of your USMS or MSC card, and a check to be postmarked by April 4 2009 to: Ravena Swim Club, c/oDavid Burns, 801 SR 143 Ravena, NY 12143.

2009 Spring Splash 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 April 4, 2009)	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 Yards)
1	100 FREESTYLE	
2	200 BACKSTROKE	
3	50 BREASTSTROKE	
4	25 BUTTERFLY	
5	500 FREESTYLE	
6	100 IM	
7	50 BACKSTROKE	
8	200 BUTTERFLY	
9	25 BACKSTROKE	
10	200 MEDLEY RELAY	DECK ENTRY ONLY
11	100 BACKSTROKE	
12	100 BREASTSTROKE	
13	400 IM	
14	100 BUTTERFLY	
15	25 BREASTSTROKE	
16	200 FREESTYLE	
17	200 IM	
18	50 BUTTERFLY	
19	200 FREESTYLE RELAY	DECK ENTRY ONLY
20	25 FREESTYLE	
21	200 BREASTSTROKE	
22	50 FREESTYLE	
23	1000 FREESTYLE	
24	1650 FREESTYLE	

TOTAL: # of events ____ X \$5/event = \$ ____ .00 Make check payable to RAVENA SWIM CLUB, INC.

FIRST-TIMERS: A swimmer *registered as an Adirondack Master* and participating in their *first Adirondack meet* is eligible for a First-Timers T-shirt. Please circle size: S M L XL