

2009 BALLSTON SPA HOLIDAY CLASSIC SWIM MEET
Saturday, December 12, 2009

- Sanction:** Sanctioned by Adirondack District Masters for USMS, Inc. # 039-007
Dan Wall, General Chairman
- Host:** Ballston Spa High School Swimming Team
- Location:** Ballston Spa High School, 220 Ballston Avenue, Ballston Spa, NY
Short Course 25 Yard Pool, 6 lanes
Water Depth: \geq 11 ft. 0 in. at the start end
- Directions:** Available at <http://www.adirondackswimming.org/pooldirections.html>
- Time:** Warm-up at 9:00 AM. Meet starts at 10:00 AM.
- Meet Director:** Keith Coonrod kcoonro1@nycap.rr.com 518-885-2971
- Eligibility:** Open to all US & Canadian Masters Swimmers, 18 & older, as of December 12, 2009. Include a copy of your USMS or MSC registration card. . If you need to register, please visit www.adms.org, fill out the registration form and select "Registration". The of a swimmer is his or her age on December 12, 2009. A swimmer may enter up to FIVE individual and TWO relay events. **Entries must be postmarked by Saturday, November 28, 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 500, 1000, and 1650 freestyle. A swimmer may compete in the 1000 freestyle **OR** the 1650 freestyle, but **NOT** both. These distance freestyle events and the relays will be deck seeded. Relays may be entered as male, female or mixed. Mixed relays must contain at least one female and one male swimmer. Each relay swimmer must be entered in at least one individual event. Relay entries and distance freestyle check-in must be completed by 10:00 AM.
- 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. 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 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 and \$12.00 per relay if postmarked by Saturday, Nov. 28, 2009. The fee for deck entered relays will be \$15.00. **NO DECK ENTRIES for individual events.** Make your check payable to "Ballston Spa High School Swim Team". Mail signed waiver, entry form, a copy of your USMS or MSC card, and a check to be postmarked by November 28, 2009 to: Joan Coonrod, 10 Wheeler Court, Ballston Spa, NY 12020, Ph: 518-885-2971.

2009 BALLSTON SPA HOLIDAY CLASSIC Entry Form

Staple legible 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 December 12, 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 Yds)
1	50 FREESTYLE	
2	200 BUTTERFLY	
3	25 BACKSTROKE	
4	100 BREASTSTROKE	
5	500 FREESTYLE	
6	200 BACKSTROKE	
7	100 BUTTERFLY	
8	100 INDIVIDUAL MEDLEY	
9	25 FREESTYLE	
10	200 MEDLEY RELAY	
11	200 BREASTSTROKE	
12	200 INDIVIDUAL MEDLEY	
13	50 BUTTERFLY	
14	200 FREESTYLE	
15	100 BACKSTROKE	
16	50 BREASTSTROKE	
17	25 BUTTERFLY	
18	200 FREESTYLE RELAY	
19	400 INDIVIDUAL MEDLEY	
20	100 FREESTYLE	
21	50 BACKSTROKE	
22	25 BREASTSTROKE	
23	1000 FREESTYLE	
24	1650 FREESTYLE	
Medley Relay Swimmers M F Mixed		Freestyle Relay Swimmers M F Mixed
Name #1		Name #1
Name #2		Name #2
Name #3		Name #3
Name #4		Name #4
Total Due: _____ # of individual events X \$5.00/event + _____ # of relays X \$12.00/relay = \$ _____ .00		
Make checks payable to Ballston Spa High School Swim Team		

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