

North East Aquatics Team

Big Chill Winter Pentathlon

Sanction # 2006-144WI

- DATE:** Saturday, December 9th, 2006
- LOCATION:** Clintonville High School Rec Center Pool
330 N. Harriet Street
Clintonville, WI 54929
- WARMUP:** AM session 9:45-10:40 AM as follows: 9:45 – 10:15 circle swim all lanes NO diving. 10:15-10:40AM one way sprints and push 50's as needed. Meet starts at 10:45 AM. PM Session Warm-ups 60 minutes at conclusion of AM session meet begins 65 minutes after the conclusion of the AM session.
- POOL:** The Pool length is 25 yards, Number of Lanes 8, Block height 26" Depth at the starting blocks 6'8" Depth at the shallow end 3'6" non-turbulent lane markers and backstroke flags. Staging for 8 & under only.
- TIMING:** Electronic timing system with backup watches and across the board judging in case of malfunction. All events are timed finals.
- DESCRIPTION:** Two session, Pentathlon, swimmers will swim 5 events and award places will be determined by the totaled times from all five events. AM session - 8&U, 13&O
PM session - 11-12, 10 & U
- OFFICIAL RULES:** Official current USA Swimming Rules shall prevail for this meet. Swimmers must be registered USS swimmers. Please notify meet officials of any adaptive swimmers upon arriving at the meet. Swimmers must enter all five events (free, back, breast, fly and IM) in his/her age group.
- ELIGIBILITY:** This is an approved and sanctioned meet. Swimmers need not be USA swimming members. Age as of December 9, 2006.
- OFFICIALS:** To be announced
- ENTRY CHAIR:** Angela Monty E-Mail: coachmonty@sbcglobal.net
1907 Cedarhurst Drvie
New London, WI 54961
(920) 538-4133
- Co -MEET DIRECTORS:**
- | | |
|--|---|
| Tanya Stegall
7030 Speigelberg Road
New London, WI 54961
(920) 667 - 4479 | Mary Wetzel
N2829 Cty Rd Y
Clintonville, WI 54929
(715) 823 - 5800 |
|--|---|
- ENTRY DEADLINES:** Completed entry file, waiver and fees must be received no later than Thursday, November 28, 2006 by the entry chair. No Phone entries will be taken and please do not send seed cards. This meet is being run with Hy-Tek swim software. Any team wishing to submit their entries via disk or e-mails along with a hard copy are encouraged to do so. No seed times will be changes once complete form or disk has been received by entry chair. Please note any special requirements for adaptive swimmers on the entry form.

ENTRY LIMIT: Swimmers must enter all five events (free, back, breast, fly and IM) in his/her age group.

SEEDING: Regular event seeding. Deck seeding will stop 45 minutes before the start of the meet. Meet Manager reserves the right to charge a \$5.00 deck seed charge per entry. Deck seed charge must be paid at the time the entry is made.

FEES: Fees are \$17.00 per swimmer (\$3 per event + 2.00 LSC surcharge). Entry fees must accompany the official entry forms and are NON-REFUNDABLE. Swimmers pay for all 5 events, even if they do not intend on compete in 5 events.

Make check payable to New London Area Aquatics (NLAA).

ADMISSIONS: Spectators over 13 years old are \$3.00 and Heat Sheets \$3.00

FINAL RESULTS: One copy of meet results will be sent to each team represented. All others wishing results can order them at the admissions table for \$5.00 per copy. All coaches needing a disk of final results may pick them up at the computer following the meet. Results will be e-mailed to teams providing an e-mail address.

CONDUCT: Each team is responsible for the conduct of its swimmers. If in the opinion of the Meet Director or Marshall, a swimmer's or a spectator's conduct is harmful or disruptive, he/she will be asked to leave.
NO SMOKING IS ALLOWED.

AGE GROUPS: Swimmers will swim in heats grouped as 8&U, 9-10, 11-12, 13 & over. However, awards will be broken out into age groups 7&U,8,9,10,11,12,13,14,15&O.

AWARDS: Trophies will be given for 1st - 3rd place and medals for 4th, 5th, and 6th in each age group (for total time of all 5 events). Places will be determined by the totaled times from all five events. Any swimmer who scratches an event or is disqualified will not be eligible for the 1st - 3rd place trophies or 4th - 6th place medals. Individual ribbons for individual events places 1-8 in age groups. All individual ribbons will be available during the meet. No awards will be mailed.

FOOD: A splendid selection of hot and cold food and beverages will be available in the cafeteria.

NORTH EAST AQUATIC TEAM

BIG CHILL WINTER PENTATHLON

SATURDAY, DECEMBER 9, 2006

Sanction # 2006-144WI

ORDER OF EVENTS

GIRL

AM SESSION: WARM-UPS 9:45 - 10:40 AM MEET BEGINS 10:45

1	8 & U 25 FLY	2
3	13 & O 100 FLY	4
5	8 & U 25 BACK	6
7	13 & O 100 BACK	8
	Optional 5 min. Break	
9	8 & U 100 IM	10
11	13 & O 200 IM	12
13	8 & U 25 BREAST	14
15	13 & O 100 BREAST	16
17	8 & U 25 FREE	18
19	13 & O 50 FREE	20

BOYS

**PM SESSION: WARM-UPS 60 MINUTES AT CONCLUSION of AM SESSION
MEET BEGINS 65 MINUTES AFTER CONCLUSION of AM SESSION.**

21	11-12 50 FLY	22
23	10 & U 50 FLY	24
25	11-12 50 BACK	26
27	10 & U 50 BACK	28
	Optional 5 min. Break	
29	11-12 200 IM	30
31	10 & U 100 IM	32
33	11-12 50 BREAST	34
35	10 & U 50 BREAST	36
37	11-12 50 FREE	38
39	10 & U 50 FREE	40

WAIVER

In consideration of the acceptance of this entry: I/We hereby, for Myself/Ourselves, My/Our/Heirs, administrators and assigns, waive and release any and all claims against the United States Swimming, the Wisconsin Local Swimming Committee of the United States Swimming, the North East Aquatics Team, the Clintonville High School, and their staffs for the injuries and or expenses accrued by Me/Us at the meet, or while on the road to and from the meet. I/We are bona-fide amateur athletes currently registered with United States Swimming and in good standing with Wisconsin Swimming, Inc. and eligible to compete in all events I/We have entered. I/We also understand that our club will be responsible financially for any damage done to the facility by our athletes during the meet. I/We will be responsible for making our athletes/parents/coaches/club administrators aware of the waiver requirements in participation in this event.

Club Name: _____ Initials _____
(Four Only)
Signature of Club Official, Parent or Guardian
Name: _____ Day Phone Number: _____
Title: _____ Evening Phone: _____
City, State, Zip _____ E-mail _____

In the case of facility problem, weather or other unforeseen circumstance which would require cancellation or delay of meet who may we contact as soon as possible for participant notification

Emergency Contact: _____ **Phone:** _____

Name of coach or team representative(s) at meet: _____ AM/PM
(Must have current Coach's credentials to be on deck)
_____ AM/PM

Entry Fee Recap:	_____ Number of Athletes X \$15.00	= \$ _____
	Less Reservation Check	= \$ _____
	A. Entry Fee Total	= \$ _____
	_____ LSC Surcharge X \$2.00 (# of swimmers competing)	= \$ _____
	B. Surcharge Total	= \$ _____
	<hr/>	
	Total of Lines A & B	= \$ _____

Make checks payable to: **New London Area Aquatics**

Angela Monty
1907 Cedarhurst Drive
New London, WI 54961
(920) 538-4133

Email Entries to: coachmonty@sbcglobal.net