

Ocean County YMCA Tiger Sharks Swim Team Presents:

## 2009 OCY Unofficial Team Championships

Sunday, February 15, 2009 Ocean County YMCA, 1088 West Whitty Rd, Toms River, NJ

- Approval: Recognized by the NJ LMSC for USMS, Inc. Recognition #: 079-R01
- Facility: The Ocean county YMCA 12 lane competition pool. 10 lanes will be used for competition. 2 lanes for warm up/warm down during the meet.
- Purpose: The swimmers on the Ocean County YMCA age group swim team are running this meet as a fundraiser to help defer the cost of a team trip they will be taking to the YMCA National Championship in April
- Times: 1000 Free 9:15AM Warm Up, 10:00 Start  
All other events 12:00 PM Warm Up, 12:40 Start
- Eligibility: Open to all teams and swimmers. Competitors Must be 18 years of age or older and may compete in a maximum of 5 individual events. **Note: Swimmers not officially sanctioned may compete.**
- Awards Individual awards for first through third place in each age group. Team trophies for 1<sup>st</sup> – 3<sup>rd</sup>
- Registration: **All entries must be received by 5:00 PM February 5<sup>th</sup>.** Sorry No deck entries.
- Timing: Electronic Colorado system. In the unlikely event that a malfunction occurs the meet will continue on schedule with the use of hand held stopwatch times.
- Seeding: Heats will be seeded slow to fast, regardless of sex or age. If you do not have a time, please give us a best estimate. Do not enter NT.
- Age Groups: Individuals; 18-24, 25-29, 30-34, etc. through 90+ Relays 18-24, 25-34, 35-44, 45-54, 55-64, 65+
- Relays: Relays must consist of two women and two men; the age of the youngest team member shall determine the age group. Relays must be declared by 12:15 PM.
- Entry Fees: Surcharge: \$10.00. Individual events cost \$5.00 per event. Relays are **Free**. Please make check payable to the Ocean County YMCA
- Events:
- |    |  |     |                |
|----|--|-----|----------------|
| 1) | 1000 Free ( <i>Swimmers must provide their own timer and counter</i> ) |     |                |
| 2) | 200 Med relay  | 10) | 100 Fly        |
| 3) | 100 Free   | 11) | 50 Back        |
| 4) | 100 IM   | 12) | 200 Back       |
| 5) | 50 Free  | 13) | 100 Breast     |
| 6) | 100 Back   | 14) | 50 Fly         |
| 7) | 50 Breast  | 15) | 200 Fly        |
| 8) | 200 Breast   | 16) | 200 Free       |
| 9) | 500 Free   | 17) | 200 Free Relay |
- Scoring: First Through Sixth. Individual: 7,5,4,3,2,1 points. Relays: 14,10,8,6,4,2 Points.
- Concessions: Each swimmer will receive 1 ticket for food and a drink. Food will be available for sale for spectators.
- Vendor: The Sport Spot will have a table for all your equipment needs.
- Entry Limits. The meet will be limited to 250 swimmers to maintain an appropriate timeline. Also the 1000 will be limited to 6 heats, and the 500 will be limited to 8 heats. Entries will be accepted on a first come first serve basis in the order that they are received.
- Other Info: The psyche sheet will be posted at [www.ocyswim.org](http://www.ocyswim.org) the Wednesday before the meet. Results will be posted within one week of the meet.

**Any Questions,  
call Louis Petto at 732-341-9622 x 2222  
[lpetto@ocymca.org](mailto:lpetto@ocymca.org)**

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Attach a copy of your registration card here.  
**But also fill out the following info and be sure to sign the waiver.**

Name \_\_\_\_\_ USMS No.: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Club/Workout Group: \_\_\_\_\_

“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 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 ODR DAMAGES CAUSED BY THE 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.”

Swimmer Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Optional: Email Address: \_\_\_\_\_

Event #	Event	Seed Time	Event #	Event	Seed Time
1	1000 free		10	100 fly	
2	200 med relay	Deck Entered	11	50 back	
3	100 free		12	200 back	
4	100 IM		13	100 breast	
5	50 free		14	50 fly	
6	100 back		15	200 fly	
7	50 breast		16	200 free	
8	200 breast		17	200 fr relay	Deck entered
9	500 free				

Meet surcharge: \$10.00  
 Number of Individual events \_\_\_\_\_ @ \$5.00 each \$ \_\_\_\_\_  
 Total Fee Enclosed \$ \_\_\_\_\_

Make checks payable to: Ocean County YMCA  
 Mail to: Ocean County YMCA  
 C/O Louis Petto  
 1088 West Whitty RD  
 Toms River, NJ 08755