

# NC Autumn Splash

## October 27, 2007

Sponsored by: Tar Heel Aquatic Team (THAT)  
Sanctioned by: LMSC for NC for USMS, Sanction # 137-06  
Meet Director: Robin Robinson  
Meet Referees: Pending

**LOCATION:** Triangle Sportsplex, Hwy 70 East (Bus), Hillsborough, NC  
<http://www.trianglesportsplex.com> (919) 644-0339. Ten lane 25m x 25y pool with six lanes used for racing.

**RULES:** USMS rules govern the meet. You must attach a copy of your 2007 USMS registration card to the entry form. No one-event USMS registrations. You must sign a waiver. Your age as of 12/31/07 determines your age group in the meet. **Except for sprint lanes in warm-up and when competing, ANY ENTRIES IN WATER MUST BE FEET FIRST.**

**DEADLINE:** Entries must be **received** before 5:00 p.m. Saturday, October 20, 2007. No faxes accepted. Send e-mail to [robinsr@nc.rr.com](mailto:robinsr@nc.rr.com) if you have any questions. Deck entries will be accepted as space allows but we strongly encourage everyone to sign up in advance.

**FEES:** Single fee of \$30.00 covers entry fee and facilities charge. Late entries are \$35.00. Make checks payable to Tar Heel Aquatic Team. Meet fees are non-refundable.

**ENTRIES:** Swimmers are limited to 5 individual events. Mail entry form and fee to Robin Robinson, 90 Cedar Hills Circle, Chapel Hill, NC 27514.

**AWARDS:** Customized awards.

**SCORING:** Individual events will be scored 7-5-4-3-2-1, relays 14-10-8-6-4-2. Meet results will be posted on [ncmasters.org](http://ncmasters.org) and will be sent to team representatives and the NCMS records chairperson.

**WARM-UP:** The pool will be open for warm-up from 10:00 – 10:50 a.m. Sprint lanes will be designated with diving allowed from 10:35 – 10:50 (25m, one-way). Continuous warm-up/cool down lanes will be available throughout the meet.

**SEEDING:** All events will be preseeded with the exception of the relays, which will be deck seeded by time. Deck entries will be added as space allows. Men and women may be combined if needed. All events will be swim slow to fast. Relays will follow USMS age groupings 76-99, 100-119, 120-159, etc. Relay teams may be women, men or mixed.

**DIRECTIONS TO POOL:** From I-85 (Exit 165), I-40 (Exit 166), and Chapel Hill, take Hwy. 86N towards Hillsborough. Turn right onto Hwy. 70 East (Bus.). Go about ¼ mile and make a right onto Meadowlands Drive. Make a left into the Triangle Sportsplex.

**OTHER:** There are snack and drink machines and a snack bar. No food or drinks may be brought into the facility.

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Warm-up at 10:00 a.m., events begin at 10:50 a.m.

Name: \_\_\_\_\_ Street: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_.

E-mail Address: \_\_\_\_\_

Age as of 12/31/07: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

USMS Registration #: \_\_\_\_\_ Team Initials: \_\_\_\_\_

Please circle event numbers, and specify stroke for 200 Open event:

<u>Women's Event #</u>	<u>Entry Time</u>	<u>Event</u>	<u>Men's Event #</u>	<u>Entry Time</u>
1	_____	400 M Free	2	_____
3	_____	200 M IM	4	_____
5	_____	50 M Fly	6	_____
7	_____	800 M Free Relay (W, M, Mixed)	7	_____
		10 minute break		
9	_____	100 M Breast	10	_____
11	_____	50 M Back	12	_____
13	_____	100 M Free	14	_____
		10 minute break		
15	_____	100 M Fly	16	_____
17	_____	50 M Breast	18	_____
19	_____	100 M IM	20	_____
21	_____	200 M Free Relay (W, M, Mixed)	21	_____
		10 minute break		
23	_____	100 M Back	24	_____
25	_____	50 M Free	26	_____
27	_____	200 M Open (please specify stroke)	28	_____
		10 minute break		
29	_____	200 M Free	30	_____
31	_____	400 M IM	32	_____
33	_____	200 M Medley Relay (W, M, Mixed)	33	_____

Please read and sign:

I, 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 VOLUNTEERING OR OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Entry Fee (make check payable to Tar Heel Aquatic Team): \_\_\_\_\_