

**2002 AROUND THE ISLAND SWIM  
ATLANTIC CITY, NEW JERSEY, USA  
AUGUST 17, 2002**

**Sponsored by the Atlantic City Marathon Swim Committee  
*In conjunction with the Middle Atlantic Swimming Open Water Committee***

**USA Swimming Sanction # MA02-076OW**

**MEET DIRECTOR:** Michael Giegerich, Director  
139 Blackman Road  
Egg Harbor Township 08234-7510

**Telephone: 1-609 926 0714  
E-mail: thegigs2000@aol.com**

**EVENT:**

The forty-ninth Annual Around the Island (Absecon) Marathon Swim will be contested on August 17, 2002. This will not be a FINA World Marathon Cup event this year, but will be conducted under FINA Open Water Swimming Rules.

**ELIGIBILITY**

The event is open to all Swimming Members of USA Swimming and members of FINA Affiliated Federations. The entry deadline is June 15, 2002. All entries must be sent to USA Swimming at the address found on the entry forms. The names of the selected swimmers and ten alternates will be notified and results placed on this web site. All swimmers must be registered with USA Swimming or be a foreign swimmer who has obtained appropriate travel credentials as approved by their respective FINA Affiliated Federation. Entry Forms are attached.

**COURSE:**

The 22.5 Mile (37Kilometer) Ocean, Inlet and Bay Course will be swum clockwise around Absecon Island with the start and finish at historic Gardner's Basin. The Ocean Temperatures usually vary from 65 degrees to 75degrees Fahrenheit while the temperatures in the bay usually falls between 70and 80 degrees Fahrenheit. Ocean currents and tides are unpredictable and may come from any direction. The Race Organizers will select a start time to coincide with the best possible race conditions.

**SAFETY:**

USA Swimming Safety Regulations will be in effect and provided by the Atlantic City Beach Patrol in conjunction with the City of Atlantic City Office of Emergency Management USA Swimming will assign the Referee and Safety Officer. Local authorities, the Referee, and Meet Management have the authority to postpone or cancel the event for safety reasons.

**ESCORT CRAFT:**

Each swimmer will be assigned a Van Duyne Surfboard escort craft and two certified South Jersey Beach Patrol Life Guards as rowers. One trainer/Coach will be allowed to accompany their swimmer in the surfboat. All race officials and judges will be identified by signage, and distinctive clothing and will be located in power craft and/or on land.

**AWARDS:**

Cash prizes will be awarded as outlined by the fund raising committee before the start of the event.

**RACE MEETINGS:**

All swimmers and trainer/coaches must arrive in Atlantic City no later that 12 Noon on Tuesday August 13, 2002 and attend all required meetings and functions including the final pre-race briefing at time to be announced.

**LODGING:**

Housing will be provided for all entrants, one trainer per swimmer, and officials.

**ADDITIONAL INFORMATION:**

Please direct your questions to the Meet Director, Michael Giegerich listed above. In the near future, we hope to have additional information on our web site: [www.acswim.org](http://www.acswim.org).

# AROUND THE ISLAND MARATHON SWIM 2002

## PRELIMINARY ENTRY FORM REQUEST

USA Sanction #MA02-076OW

We would like to participate in the Around the Island Marathon Swim event in ATLANTIC CITY, USA  
Scheduled for August 17, 2002. (Swimmers must report no later than August July 31, 2001)

YES

NO

### CONTACT DETAILS:

FEDERATION: _____
CONTACT PERSON: _____
POSTAL ADDRESS: _____ _____
TELEPHONE NO: _____
FACSIMILE NO: _____
E-MAIL: _____

### APPROXIMATE SIZE OF DELEGATION:

ATHLETES:	MALE _____	FEMALE _____
OFFICIALS:	MALE _____	FEMALE _____

National Federation: \_\_\_\_\_

National Federation Authorised Signature: \_\_\_\_\_

Name Block Letters: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_

Please Return to: Dean Ekeren, USA Swimming  
One Olympic Plaza TELEPHONE 1-719 866 3565  
Colorado Springs, Colorado 80909-5770 FAX - 1-719-578-4761  
USA E-mail Dekeren@USA-Swimming.org

PLEASE RETURN THIS FORM TO THE ABOVE MENTIONED ADDRESS  
NO LATER THAN JUNE 15, 2002

# AROUND THE ISLAND MARATHON SWIM 2002

## INDIVIDUAL ENTRY FORM REQUEST

USA Sanction # MA02-076OW

SWIMMER: \_\_\_\_\_  
Family Name Given Name

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_

Occupation: \_\_\_\_\_ Swim Club: \_\_\_\_\_

Personal Coach/s \_\_\_\_\_

Nationality: \_\_\_\_\_ Language: \_\_\_\_\_

Passport No: \_\_\_\_\_ Nationality of Passport: \_\_\_\_\_

I will participate in the following event(s):

EVENT	MEN'S	WOMEN'S
	37 KILOMETER	37 KILOMETER
Put an "X" where appropriate		

National Federation: \_\_\_\_\_

National Federation Authorised Signature: \_\_\_\_\_

Name Block Letters: \_\_\_\_\_ Position: \_\_\_\_\_

### DECLARATION FORM

**RELEASE FROM LIABILITY:** I hereby declare that I exonerate of all liability and responsibility however so arising, the event OC and staff, the venue owners, Sponsors, and any other persons that participate at the Event, in respect to all and every action or claim about accident that may occur (except liability and responsibility for personal injury or death caused due to the negligence of those respective bodies or persons).

**DOPING CONTROL AUTHORISATION:** I agree to participate, if selected, in random drug testing at any time, either in or out of competition, as organized by FINA. I also agree that FINA rules, related to doping control and drug testing shall be effective in relation to me personally.

**TRANSFER OF RIGHTS:** Understanding as a Competitor in the Marathon Swimming, agree to be filmed, televised, photographed and otherwise recorded during the Event under the conditions and for the purposes now and hereafter authorized by FINA in relation to the promotion of the FINA Marathon Swimming World Cup and the Sport of Swimming.

Being under 18 years old on the first day of the Championships I am entering; I wish my parent or guardian to sign this statement on my behalf.

Signed (Athlete's/Parent's Signature) \_\_\_\_\_ Date \_\_\_\_\_

Please return to: **Dean Ekeren, USA Swimming**  
**One Olympic Plaza** TELEPHONE 1-719 866 3565  
**Colorado Springs, Colorado 80909-5770** FAX - 1-719-578-4761  
**USA** E-mail Dekeren@USA-Swimming.org

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