

YORK WHITE ROSE HOLIDAY RELAY CARNIVAL

Saturday, December 20, 2008

Held Under the Sanction of USA Swimming, Inc

Sanctioned by Middle Atlantic Swimming, Inc

Sanction # MA 0958 R

LOCATION	YMCA of York & York County – Graham Aquatic Center 542 North Newberry Street York PA 17404
EMERGENCY PHONE NUMBER	DAY OF MEET: <u>717-812-0119</u>
FACILITIES	New indoor facility with possible 16-lane, 25 yard configuration; primary configuration will consist of 8 lanes for competition (7' depth), 5 lanes for warm-up/warm-down; permanent bleacher seating for 600+ with possible 200 additional bleacher seats on pool deck; very large deck area for swimmers, coaches and officials; main timing system: Daktronic system with scoreboard; Hy-Tek software; Concession area with promenade overlooking competitive pool; parking capacity: 550.
MEET DIRECTOR	George Zimmerman. 717-771-5206 (evenings & weekends). E-mail: zimgeo1@aol.com
SAFETY DIRECTOR	Matt Anstine. 717-812-0119. E-mail: manstine@yorkcoymca.org .
OFFICIALS	Brian Gunn. All USA Swimming certified officials and trainees are invited to assist in the operation of the meet. If interested in assisting during the meet, please email George Zimmerman at zimgeo1@aol.com .
ELIGIBILITY	Open to any swimmers 9 & older, currently registered with USA Swimming. Swimmers age is as of 12/20/2008. Swimmer may swim a maximum of 4 relay events in his/her age category <u>PLUS</u> either event 33 (13-14; 15 & O) or event 66 (9-10; 11-12). Team may enter as many relays as desired per event. Label relays "A", "B", etc.
ENTRY LIMITATIONS	The Meet Director reserves the right to limit entries, events or heats, or to modify the meet format to conform to Middle Atlantic rules. Swimmers/teams eliminated from the meet due to time or space constraints will be given a full refund.
ORDER OF EVENTS	Order of Events is attached. All events are pre-seeded, timed finals.

<p>WARM-UP AND START TIMES</p>	<p>Saturday A.M. Events: Warm-Ups Start: 8:00 A.M.; Meet Begins: 9:00 A.M. (Relay events for 13-14; 15 & Over). Saturday P.M. Events: Warm-Ups Start: 1:30 P.M.; Meet Begins: 2:30 P.M. (Relay events for 9-10; 11-12).</p> <p>Fourteen lanes will be available for warm-up prior to the meet. If necessary, because of the number of meet entries, specific lanes will be assigned to each team at the discretion of the Meet Director.</p>
<p>RULES</p>	<p>This meet will be conducted according to current USA Swimming and Middle Atlantic Swimming rules.</p> <ul style="list-style-type: none"> • USA Swimming/Middle Atlantic Swimming safety guidelines and warm-up procedures will be in effect for the entire meet. Failure to obey the instructions of a safety director, marshal & official may result in disqualification from the meet. There is absolutely NO DIVING permitted in the warm-up pool at any time. Swimmers violating safety rules will be removed from the pool. Subsequent violations will result in the swimmer's disqualification from the remainder of the meet. • All coaches/officials must be registered with USA Swimming and must display a valid USA card. Only USA Swimming registered swimmers, coaches, and officials with valid credentials and essential meet personnel will be permitted on the pool deck. • This meet will be conducted using the Whistle command and No Recall False Start procedures. • Spectators are prohibited from entering areas of the pool which are being used by swimmers, coaches, and officials displaying valid USA Swimming credentials.
<p>BULKHEAD SAFETY RULE</p>	<p>ANY SWIMMER OBSERVED SWIMMING UNDER OR THROUGH THE BULKHEAD BY AN OFFICIAL OR SAFETY MONITOR AT THE MEET WILL BE DISQUALIFIED FROM THAT SWIMMER'S NEXT INDIVIDUAL EVENT OR FROM THE REMAINDER OF THE MEET, AS DETERMINED BY THE MEET REFEREE. THIS POLICY WILL BE STRICTLY ENFORCED.</p>
<p>SWIMMERS WITHOUT A COACH</p>	<p>Swimmers unaccompanied by a credentialed coach should report to the Meet Director before the Warm-up for each session.</p>
<p>HOW TO ENTER</p>	<p>Hy-Tek entries are preferred. Entries should be submitted as an e-mail attachment addressed to:</p> <ul style="list-style-type: none"> • zimgeo1@aol.com • SUBJECT: (YOUR TEAM) WHITE ROSE RELAY CARNIVAL • Body must include: Team Name/Number of Swimmers/Number of Entries. • ATTACHEMENTS: ENTRY FILE/TEAM ENTRY REPORT <p>Manually prepared entries should be submitted on the form attached to this announcement and transmitted as an e-mail attachment. The meet announcement is available from our website</p>

	<p>(http://www.swimyorky.org/) and the MA Swimming website (http://www.maswim.org/).</p> <p>Electronic data will be considered the official version for meet entries. Electronic data supersedes any information contained on teams' entry printouts with respect to resolution of errors/discrepancies.</p>
ENTRY FEE	\$8.00 per Relay Entry. Checks payable to "York YMCA Aquatic Club."
SEND ENTRIES & PAYMENT TO:	<p>York YMCA White Rose Relays c/o Michael Brooks Graham Aquatic Center 542 North Newberry Street York PA 17404</p> <p>Meet Summary must accompany payment. Payment must be postmarked by Saturday, December 6, 2008 or entries will be rejected.</p>
ENTRY DEADLINE	5:00 PM, Friday, December 5, 2008. Late entries will not be accepted.
INQUIRIES	Refer questions about the entries and the meet to George Zimmerman, Meet Director. Telephone (evenings and weekends): 717-771-5206; email: zimgeo1@aol.com .
AWARDS	Individual awards will be provided to each member of the relay team placing 1-6 in each event. Team championship awards will be presented to the teams finishing 1-3 based upon the combined team scoring from all events, all age groups.
ADMISSION	\$2.00 for admission and program per session.
FINAL RESULTS	Final results will be posted on the York YMCA Aquatic Club website, http://www.swimyorky.org/ , within 48 hours of the conclusion of the meet and transmitted to all clubs submitting meet entries electronically. Results will also be posted on the Middle Atlantic website, http://www.maswim.org/ .
VOLUNTEERS	Free admission will be provided to anyone who volunteers as a timer, runner or in another capacity as designated by the meet director.

<p>DIRECTIONS</p>	<p>TRAVELING EAST/WEST – USE ROUTE 30. Traveling Route 30 EAST: as you travel into York, you will encounter signal lights on Route 30. Travel to the 4th light – PENNSYLVANIA AVENUE. Turn RIGHT. Travel to the 1st light. Turn LEFT onto PARKWAY BLVD. The first intersection is Newberry Street. The parking lot for the pool is on the corner of Parkway and Newberry, southeast corner.</p> <p>Traveling Route 30 WEST: as you travel 30 WEST you will travel under Route 83. From the 83 overpass, travel to the 3rd. light (LEFT LANE). Turn LEFT onto PENNSYLVANIA AVENUE. Travel to the 1st light. Turn LEFT onto PARKWAY BLVD. The first intersection is Newberry Street. The parking lot for the pool is on the corner of Parkway and Newberry, southeast corner.</p> <p>TRAVELING NORTH/SOUTH – USE ROUTE 83. Traveling Route 83 SOUTH: exit Route 83 using Exit 22 (ROUTE 30 WEST). Follow signs to Route 30 WEST. After you are on Route 30, travel to the 2nd light (left lane). Turn LEFT onto PENNSYLVANIA AVENUE. Travel to 1st light. Turn LEFT onto PARKWAY BLVD. The first intersection is Newberry Street. The parking lot for the pool is on the corner of Parkway and Newberry, southeast corner.</p> <p>Traveling Route 83 NORTH: Exit Route 83 using Exit labeled ROUTE 30 WEST (EXIT 21B). Travel to the 3rd light (left lane). Turn LEFT onto PENNSYLVANIA AVENUE. Travel to 1st light. Turn LEFT onto PARKWAY BLVD. The first intersection is Newberry Street. The parking lot for the pool is on the corner of Parkway and Newberry, southeast corner.</p>
<p>ACCOMODATIONS</p>	<p>Our Meet Hotel is the Yorktowne Hotel, http://www.yorktowne.com/. Identify yourself as someone attending the York White Rose Holiday Relay Carnival.</p>

RELEASE STATEMENT:

USA Swimming, Inc, Middle Atlantic Swimming, Inc, YMCA of York & York County – Graham Aquatic Center and the York YMCA Aquatic Club shall be held free and harmless from any and all liabilities or claims for damages arising by reason of injuries to anyone during the conduct of this event.

SATURDAY AM EVENTS WARM-UP: 8 AM; MEET BEGINS: 9 AM				
GIRLS EVENT #	AGE	DIST	STROKE	BOYS EVENT #
1	15 & O	400 4 X 100	MED	2
3	13-14	400 4 X 100	MED	4
5	15 & O	600 3 X 200	FR	6
7	13-14	600 3 X 200	FR	8
9	15 & O	200 4 X 50	FLY	10
11	13-14	200 4 X 50	FLY	12
13	15 & O	200 4 X 50	BACK	14
15	13-14	200 4 X 50	BACK	16
17	15 & O 5 SWIMMERS	500 50-100-200- 100-50	FR	18
19	13-14 5 SWIMMERS	500 50-100-200- 100-50	FR	20
21	15 & O	400 4 X 100	IM	22
23	13-14	400 4 X 100	IM	24
25	15 & O	200 4 X 50	BR	26
27	13-14	200 4 X 50	BR	28
29	15 & O	400 4 X 100	FR	30
31	13-14	400 4 X 100	FR	32
33	15 & O 13-14 2 EA: MALE & FEMALE	200 8 X 25 4 SWIMMERS PER AGE GROUP	FR	

SATURDAY PM EVENTS WARM-UP: 1:30 PM; MEET BEGINS: 2:30 PM				
GIRLS EVENT #	AGE	DIST	STROKE	BOYS EVENT #
34	11-12	200 4 X 50	MED	35
36	9-10	200 4 X 50	MED	37
38	11-12	400 4 X 100	FR	39
40	9-10	400 4 X 100	FR	41
42	11-12	200 4 X 50	FLY	43
44	9-10	200 4 X 50	FLY	45
46	11-12	200 4 X 50	BA	47
48	9-10	200 4 X 50	BA	49
50	11-12 5 SWIMMERS	250 25-50-100- 50-25	FR	51
52	9-10 5 SWIMMERS	250 25-50-100- 50-25	FR	53
54	11-12	400 4 X 100	IM	55
56	9-10	400 4 X 100	IM	57
58	11-12	200 4 X 50	BR	59
60	9-10	200 4 X 50	BR	61
62	11-12	200 4 X 50	FR	63
64	9-10	200 4 X 50	FR	65
66	11-12 9-10 2 EA: MALE & FEMALE	200 8 X 25 4 SWIMMERS PER AGE GROUP	FR	

**YORK WHITE ROSE HOLIDAY RELAY CARNIVAL
SATURDAY, DECEMBER 20, 2008**

MEET SUMMARY FORM

This form MUST accompany TEAM Entries.

TEAM NAME: _____
TEAM CODE: _____
HEAD COACH: _____
COACH OR CLUB ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
EMAIL: _____

Person to contact for questions concerning entries, fees, etc. This person is responsible for receiving messages about any changes to meet times, format, etc.

NAME: _____
PHONE: _____
EMAIL: _____

Mail Entries to: York YMCA White Rose Relays
c/o Michael Brooks
Graham Aquatic Center
542 North Newberry Street
York PA 17404

Entry Deadline: 5:00 PM, Friday, December 5, 2008.

Please make checks payable to: YORK YMCA AQUATIC CLUB

ENTRY FEES:

_____ OF RELAYS @ \$8.00 PER RELAY \$ _____

Manual processing fee of \$5.00 per relay
for manually prepared entries: \$ _____

TOTAL: \$ _____

I ATTEST THAT THE ENTERED ATHLETES ARE PROPERLY REGISTERED WITH USA SWIMMING.

_____ **HEAD COACH or TEAM REPRESENTATIVE**

