

SIMMONS COLLEGE MASTERS MINI-MEET

OCTOBER SWIM FEST

WILLIAM J. HOLMES SPORTS CENTER POOL in BOSTON, MA on OCTOBER 17, 2009

MEET DAY:

- Saturday, October 17, 2009 at 9:30am
- The pool will be open for warm-up at 8:30am.
- warm-up/cool-down area available during meet
- Check-in & Registration will begin at 8:30am and close at 9:00am.

LOCATION:

- The William J. Holmes Sports Center Pool at Simmons College (331 Brookline Ave. Boston, MA)

TIMING:

- Electronic timing/touch-pads will be provided with back-up timers for each lane. If you believe you are within reach of a USMS or FINA Masters record, please notify the scorers table prior to the event.

USMS SANCTION #: 040-025-SSCM

ORDER OF EVENTS:

- 200 Meter Medley Relay
- 400 Meter Freestyle
- 50 Meter Butterfly
- 50 Meter Backstroke
- 50 Meter Breaststroke
- 50 Meter Freestyle
- 100 Meter IM
- 200 Meter Freestyle
- 100 Meter Butterfly
- 100 Meter Backstroke
- 100 Meter Breaststroke
- 100 Meter Freestyle
- 200 Meter IM
- 200 Meter Freestyle Relay

ENTRY FEE:

- Pre-registration: \$12.00 Entry Fee + \$3.00/event. No charge for relays. Limit 5 individual entries per person. Check or Cash only. (Checks made out to: *Simmons College*)
- Meet day deck-entry fee: \$17.00 Entry Fee + \$3.00/event. No charge for relays.
- This meet is non-scoring, but all times will be official and count towards SCM top-10 and all USMS and NEM records.

MEET DIRECTOR:

- Mindy Williams [mindy.williams@simmons.edu]
Phone: (617) 521-1032; Fax: (617) 521-1026
www.simmons.edu/athletics/programs/aquatic

HOSTED BY:

- Simmons College Swimming & Diving (*a.k.a. The Sharks!*)

DIRECTIONS:

From the WEST:

- Follow the Mass Pike (I-90) East to Exit #18 (left exit towards "Cambridge/Somerville"). Merge onto Cambridge St (which becomes River St). Turn Right onto Memorial Drive (Rt.2). Take the Rt 2 East ramp towards "Brookline/Kenmore Square". At the roundabout, take first exit onto Rt 2 East. After ½ mile, turn right onto Park Dr (Rt.2). Follow for 0.2 miles. Take a slight right onto the Riverway. Turn Right onto Brookline Ave. Holmes Sports Center is #331, directly across from Beth Israel Hospital.

From the SOUTH:

- Take I-93 North to Exit 26 (Storrow Drive). Keep left on exit ramp and follow signs for "Storrow Drive West." Follow Storrow Drive for approximately 1.6 miles. Turn slight left onto ramp towards "Kenmore/Fenway/US-1 South." Stay to the left toward "Fenway/US-1 South." Take the Boylston St/Outbound ramp toward Riverway. Stay Straight onto Boylston St. Take a *slight* left onto Brookline Ave. Holmes Sports Center is #331, directly across from Beth Israel Hospital.

From the NORTH:

- Take I-93 South to Exit 26 (Storrow Drive West/North Station). Keep left on exit ramp and follow signs for "Storrow Drive West." Follow Storrow Drive for approximately 1.6 miles. Turn slight left onto ramp towards "Kenmore/Fenway/US-1 South." Stay to the left toward "Fenway/US-1 South." Take the Boylston St/Outbound ramp toward Riverway. Stay Straight onto Boylston St. Take a *slight* left onto Brookline Ave. Holmes Sports Center is #331, directly across from Beth Israel Hospital.

MEET REQUIREMENTS:

- All participants must be registered with USMS. There will be a USMS registration table available for those that have not yet obtained their membership for 2009.
- Entries can be mailed prior to the meet (preferred) but deck entry is also available between 8:30 and 9:00am on meet day (for an additional \$5 fee).
- All participants must sign a liability waiver before competition begins.

PARKING:

- A limited number of parking spots are available on Pilgrim Road and Brookline Ave. For a daily fee of \$6.00, parking is available at the MASCO garage located at 375 Longwood Ave (less than a 5-minute walk to the Simmons pool).

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ENTRY FORM

- William J. Holmes Sports Center Pool at Simmons College, 331 Brookline Ave, Boston, MA
- Facility is an 8 Lane, 25-Meter course with additional space for warm-up/cool-down.
- Date: October 17, 2009. [Registration and Warm-up begin at 8:30am, Meet begins at 9:30am]
- Sanctioned by NE-LMSC for USMS, Inc – Sanction # 040-025-SSCM

Name: _____ Age on 12/31/08: _____ Date of Birth: _____

Address: _____
Street City State Zip

Phone Number: _____ Email Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

USMS Club Team: _____ USMS Registration # _____ Gender: M / F

EVENTS

ENTRIES

SEED TIMES (SCM)

200 Meter Medley Relay	■	<i>Deck Entry (No Fee) – Relay Forms due @ 9:00am</i>
400 Meter Freestyle	<input type="checkbox"/>	_____
50 Meter Butterfly	<input type="checkbox"/>	_____
50 Meter Backstroke	<input type="checkbox"/>	_____
50 Meter Breaststroke	<input type="checkbox"/>	_____
50 Meter Freestyle	<input type="checkbox"/>	_____
100 Meter IM	<input type="checkbox"/>	_____
200 Meter Freestyle	<input type="checkbox"/>	_____
100 Meter Butterfly	<input type="checkbox"/>	_____
100 Meter Backstroke	<input type="checkbox"/>	_____
100 Meter Breaststroke	<input type="checkbox"/>	_____
100 Meter Freestyle	<input type="checkbox"/>	_____
200 Meter IM	<input type="checkbox"/>	_____
200 Meter Freestyle Relay	■	<i>Deck Entry (No Fee) Relay Forms due prior to 100 Freestyle</i>

(Pre-registration) Entry Fees = \$12 per person + \$3 per event: **\$12.00 Entry Fee** + (_____ x **\$3.00**) = _____
of Events Total Due

- Please make checks payable to: *Simmons College*
- Mail Entry Form, Waiver & Payment to:

Simmons College Dept. of Athletics
Attn: Mindy Williams
300 The Fenway
Boston, MA 02115

For Administration Use Only:

Waiver Signed [] USMS # Confirmed [] USMS # Pending [] Entries Paid [] Events Entered []

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LIABILITY RELEASE

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 OF DAMAGES, INCLUDING ALL CLAIMS FOR LASS 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 OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.

Participant Name: _____

Participant Signature: _____

Date: _____