**"October Old School Meet"**

*Saturday, October 14th, 2017*

***HOST****:* Wilson Masters Aquatic Club

***SPONSORED****:* Berks County Aquatic Hall of Fame

***MEET DIRECTOR:***Denton Quick; denton.quick@gmail.com; 610-301-6743

***LOCTION****:* Wilson High School; 2601 Grandview Blvd, Reading, PA 19609

 ***(Pool location, NOT the location of where entries are to be mailed.***)

***COURSE****:* Newly renovated 8-lane 25 yard pool with 2 warm up/cool down lanes. Automatic timing system and touchpads.

***ELIGIBILITY****:* All swimmers 18 and over at time of meet.

***SEEDING****:* Swimmers will be seeding slowest to fastest, regardless of age and sex. Entries with “No Time” will be seeded in the first heats.

***RULES****:*

* This meet will be held in short course yards and governed by 2017 USMS rules.
* Events are pre-seeded, timed final events.
* The length of the competition course is 25 yards,
* All swimmers many swim up to a total of 6 individual events.
* The 1650 free will be limited to the first 16 swimmers, max of 2 heats.
* The meet will be capped at 150 swimmers.
* Final results will be posted at the meet and online following the meet at DVMasters.org. Results for USMS registered swimmers will be submitted to USMS for Top Ten consideration.

***AGE*** ***GROUPS***: 18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+

***ENTRIES*:**

* Entries must be submitted using this form and must be mailed to the Meet Director.
* You must include your USMS number to have your times count towards Top Ten
* Deck Entries will be accepted – cash only
* Entries must be post marked by October 7th in order to qualify.
* Fees must be paid by cash or check to ***Berks County Aquatic Hall of* *Fame*** and are non-refundable.

***ENTRY*** ***FEES***: Individual: $5.00; Relays: $12.00

***AWARDS****: TBD*

***SPONSORSHIPS****: If interested in sponsorship information, contact Jennifer Quick,* *quickjennifer7@gmail.com**, 610-301-6744*

EVENT SCHEDULE & SELECTION

*Please mark the events you would like to participate under the “select” column*

 *in addition to providing your entry time for selected events.*

**Saturday, October 14th, 2017 - Session 1 – 500 Free**

*Warm-ups start at 7:00 AM*

*Meet Session starts at 8:00 AM*

| **#** | **Sex** | **Event** | **Select** | **Time**  |
| --- | --- | --- | --- | --- |
| 1 | Mixed | 1650 | Free |  |  |

**Saturday, October 14th, 2017 - Session 2 - Events 2-18**

*Warm-ups start at 9:00 AM*

*Meet Session starts at 10:00 AM*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 2 Mixed 200 Medley Relay |
| 3 Mixed 100 Backstroke |
| 4 Mixed 200 Breaststroke |
| 5 Mixed 50 Butterfly |
| 6 Mixed 200 Freestyle |
| 7 Mixed 100 Breaststroke |
| 8 Mixed 50 Freestyle |
| 9 Mixed 200 Butterfly |
| 10 Mixed 100 IM |  |
| 11 Mixed 50 Backstroke |
| 12 Mixed 100 Butterfly |
| 13 Mixed 200 Backstroke |
| 14 Mixed 50 Breaststroke |
| 15 Mixed 500 Freestyle |
| 16 Mixed 200 IM |  |
| 17 Mixed 100 Freestyle |
| 18 Mixed 200 Freestyle Relay |

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ENTRY FORM

**Contact Information:**

|  |  |
| --- | --- |
| **Name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Address** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **City/Town** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_\_\_ | **Zip** \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Daytime Phone** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Evening Phone** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **E-mail (required)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Emergency Contact Name**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Entry Fee’s Payment Summary:**

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_ | Individual Entries @ $5.00 per event  | = | \_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_ | Relay Entries @ $12.00 per event  | = | \_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
|  | **Total payable to Berks County Aquatic Hall of Fame** |  | \_\_\_\_\_\_\_\_\_\_ |

**Berks County Aquatic Hall of Fame Waiver of Liability**

I declare that I am physically fit and able to participate in this Masters Swim Meet. I declare that I have no known medical conditions that would prevent me from participating. I declare that I have trained for this event. I have read the Rules for Participation for this event and I agree to follow the rules. I understand that accidents (including fatalities, serious bodily injury and/or property damage) can occur during this event. I also understand that heart attack or stroke is a known risk for all participants. I also understand that drowning and brain damage are known risks for all participants. I further acknowledge that accidents can occur because of collision with other swimmers, collision with race volunteers, weather conditions, and water temperature. Knowing all of these risks and other risks not stated above, I nevertheless agree to assume those risks and I agree to release the race sponsors, race officials, race lifeguards, race volunteers, attorneys, race organizers, and all other persons, agents, groups, advisors, organizations, associated with this event including but not limited to the Berks County Aquatic Hall of Fame, Wilson School District, from any negligence or wrongful death claim.

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send Event Selections, Entry Form, and Check (Waive Signature)\* to:**
Lyndsay Woods
BCAHOF
1108 Independence Dr
West Lawn, PA 19609

*\*Must be post marked by October 7,2017*