Spirit of Mobile Long Course Invitational Hosted by: City of Mobile Swim Association Mobile, AL June 28, 2025

In applying for the sanctioned meet on 6/28/25 CMSA agrees to comply and enforce health and safety mandates and guidelines of USA Swimming, Southeastern Swimming, the state of Alabama, and Mobile County. This meet will be conducted under the auspices of Southeastern Swimming, Inc. of USA Swimming. USA Swimming technical rules and regulations will be followed with the exception of items specifically addressed in the meet information.

| Sanctioned by: | Southeastern Swimming, Inc., United States Swimming Sanction Number: 25SECMSA6-28 Time Trial Sanction Number: 25SECMSA6-28TT |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Location: | Bishop State Pool, 451 N Broad St, Mobile AL |
| Facilities: | 6-lane, 50-meter indoor pool; non-turbulent lane lines. The competition course has not been certified in accordance with 104.2.2C(4). Changing into or out of swimsuits other than in locker rooms is not appropriate and is prohibited. Ample locker room facilities are available. Use of audio or visual recording devices, including a cell phone, is not permitted in changing areas, rest rooms or locker rooms. Operation of a drone, or any other flying apparatus, is prohibited over the venue (pools, athlete/coach areas, spectator areas and open-ceiling locker rooms) and time athletes, coaches, officials and/ or spectators are present. Only meet volunteers will be allowed on immediate pool deck. |
| | Spectators can view the meet from an adjacent area while obeying safe social distancing guidelines. NO GLASS ITEMS may be brought into the facility. The deep end of the pool will on be used warm down. Current USA Swimming Rules, including the Minor Athlete Abuse Prevention Policy ("MAAPP"), will govern this meet. Athletes and MAAPP-compliant adults only may use the locker rooms. Separate restroom facilities for other adults are available. |
| | Medical services such as EMT will not be available on site. |
| SCHEDULE: | Warm-ups: 9:30-10:20 am; Competition: 10:30 am |
| SWIMWEAR: | Swimwear will be according to Article 102.8 of USA Swimming Rules and Regulations. Deck changes are prohibited. |
| ELIGIBILITY: | All participants must be USA Swimming registered athletes. Entries will not be accepted without current registration numbers. A swimmer's age on the first day of the meet will determine his or her age for the entire meet. |
| COACHES: | Coaches must be current USA Swimming Coach Members in order to perform deck duties. If a coach is not currently certified, he/she may observe the meet as any other observer, but may not coach or sit in the coaches' area. There may be a brief Coaches' meeting 15 minutes before competition (if needed). |
| SUPERVISION: | Any swimmer entered in the meet must be certified by a USA Swimming member coach as being proficient in performing a racing start or must start each race from within the water. When unaccompanied by a member-coach, it is the responsibility of the swimmer or the swimmer's legal guardian to ensure compliance with this requirement. |

FORMAT/ ENTRIES: All events will be timed finals, swam in Fast to Slow heat order, and swimmers may swim three (3) individual events per day. Time Trials will be available at up to three (3) swims per swimmer. <u>ALL ENTRIES MUST BE RECEIVED NO LATER THAN 11:59 P.M. ON</u> <u>TUESDAY, JUNE 24.</u>

Please send compatible meet entry file for Hy-tek Meet Manager via email. Please read, understand, and sign the release on Team Entry Summary Report Sheet at the end of the document. If a signed copy is not received, it is to be understood as signed by the team coach/representative if entries are sent via email for the competition.

Late entries will be accepted prior to the start of each session only by a current USA registered swimmer if lane space is available, no new heats will be created, will be charged double the event fee, and fees must accompany the entry (no exceptions).

If a swimmer who is not properly registered with USA Swimming competes in a sanctioned competition, MS Swimming will impose a fine of \$100.00 per event against the individual, member coach or member club submitting the entry.

Send entries to: Tyler Kerns - Coach.TK@icloud.com

- **ENTRY FEE:** \$40.00 Flat fee per swimmer. Time Trials will be available at \$10.00 per swim. Make checks payable to: **City of Mobile Swim Association**
- **SEEDING**: Seeding will be done according to Article 102.5 of USAS Rules and Regulations. All times must be entered in Long Course Meters for the meet.
- WARM-UPS Warm-ups will follow current SES guidelines. Meet management reserves the right to change the duration of each warm-up session and/or add an additional warm-up session if needed, ample notification will be given if possible.

SCORING/AWARDS: No Scoring or Awards.

| SCRATCHES: Please turn in all known scratches to the admi | inistrative referee. |
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OFFICIALS: Please let the meet referee know the willing workers as soon as possible so that a schedule can be made. Officials' meetings will be scheduled at the discretion of the meet referee.

 MEET

 DIRECTOR:
 Tyler Kerns – Coach.TK@icloud.com

 MEET REFEREE:
 Jennifer Russell – jarussell@health.southalabama.edu

 ADMIN OFFICIAL:
 Gloria Stewart

 MEET MARSHALL:
 Meet Marshalls will be on deck.

4-HOUR RULE: If an age group event for 12 and under swimmers is swum after the session has been running four (4) hours, each involved swimmer has the option of either swimming the event or receiving a refund for the event. A swimmer desiring a refund must declare his/her intent to the Meet Director. There will be no refunds for swimmers not in attendance.

Meet evaluations to SES General Chair John Boxmeyer at jboxmeyer@hotmail.com

Team Entry Summary Report Sheet

| Club Name: | | (| Club Code: |
|---------------------------|--------------------------|----------------|------------|
| Total number of swimmer | rsx \$40 = | | |
| Total Entry Fees \$ | | | |
| Send Official Results to: | | | |
| Name | | | |
| Address | | | |
| Phone: | _(cell) | _(work) | |
| Coaches attending the me | et and/or Officials atte | nding the meet | |
| | | | |
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Release

On behalf of each of the listed competitors, I understand and agree that USA Swimming, Inc., SES Inc., City of Mobile Swim Association, Bishop State, and meet officials shall be free of all liabilities or claims for loss of valuables or damages arising by any reason of injuries to anyone during travel to or from this meet or during the conduct of this meet or during any social gathering associated with this meet and expressly agree to waive as condition of being allowed to enter this meet.

| Signed | l | Date | 2 |
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(team coach/team representative)

INFORMATION FORM FOR DISABLED SWIMMERS

| NAME | | | | | | |
|----------------------------------------------------------------|--------------------|--------------|---------|--------|----------|--|
| ADDRESS | | | | | | |
| AGEBIRTHDATE | // | · | | | | |
| EVENTS TO BE SWUM/ | _// | / | / | / | / | |
| TYPE OF DISABILITY BlindMentally RetardedDeaf | Dhysical | | | | | |
| EXTENT OF DISABILITY: Be specific, multiple disabilities, etc. | e.g. totally or pa | rtially blin | | | | |
| THE FOLLOWING PERSON(S) WILL A | ACCOMPANY T | THE SWIN | IMER FO | OR ANY | NEEDED A | |
| PURPOSE OF MEDICATION | | | | | | |
| PARENT'S OR GUARDIAN'S NAME_ | | | | | | |
| PARENT'S OR GUARDIAN'S SIGNAT | | | | | | |
| ATHLETE'S SIGNATURE | | | | | _ | |
| PHYSICIAN'S NAME (please print) | | | | | | |
| PHYSICIAN'S ADDRESS PHYSICIAN'S PHONE NUMBER | | | | | | |

I have examined the above Entrant and, in my opinion, there is no mental of physical reason why he or she should not participate in USA Swimming competition.

Physician's signature

Date

EVENT ORDER

Session 1

101 Mixed 50 Freestyle 102 Mixed 50 Breaststroke 103 Mixed 50 Backstroke 104 Mixed 50 Butterfly 105 Mixed 200 IM 106 Mixed 100 Freestyle 107 Mixed 100 Breaststroke 108 Mixed 100 Backstroke 109 Mixed 100 Butterfly 110 Mixed 200 Freestyle 111 Mixed 200 Breaststroke 112 Mixed 200 Backstroke 113 Mixed 200 Butterfly 114 Mixed 400 Freestyle

Session 2

201 Mixed 50 Freestyle 202 Mixed 50 Breaststroke 203 Mixed 50 Backstroke 204 Mixed 50 Butterfly 205 Mixed 200 IM 206 Mixed 100 Freestyle 207 Mixed 100 Breaststroke 208 Mixed 100 Backstroke 209 Mixed 100 Butterfly 210 Mixed 200 Freestyle 211 Mixed 200 Breaststroke 212 Mixed 200 Backstroke 213 Mixed 200 Butterfly 214 Mixed 400 IM

Session 3

301 Mixed 50 Freestyle 302 Mixed 50 Breaststroke 303 Mixed 50 Backstroke 304 Mixed 50 Butterfly 305 Mixed 200 IM 306 Mixed 100 Freestyle 307 Mixed 100 Breaststroke 308 Mixed 100 Backstroke 309 Mixed 100 Butterfly 310 Mixed 200 Freestyle 311 Mixed 200 Breaststroke 312 Mixed 200 Backstroke 313 Mixed 200 Butterfly 314 Mixed 800 Freestyle