



**SCY Pentathlon Invitational
September 24, 2011**

HELD UNDER THE SANCTION OF USA SWIMMING INC.

SANCTION NO. Pending

REFEREE: Gene Mielke

LOCATION:

Mt. Hood Community College Aquatic Center
26000 S.E. Stark Street
Gresham, Oregon 97030
Pool Phone: 503-491-7243

SPONSOR:

Mt. Hood Aquatics
PO Box 129
Gresham, OR 97030
website: www.mthoodaquatics.org

MEET DIRECTOR(S):

Cherie Strand (503) 667-1907
Dawn Main (503) 665-6381
lunyone@yahoo.com

LOCATION:

Mt. Hood Community College Aquatic Center
26000 S.E. Stark Street
Gresham, Oregon 97030
Pool Phone: 503-491-7243

DIRECTIONS:

Take I-84 to the Troutdale Exit (Eastbound) or Exit 17 (Westbound).
Continue past fast food restaurants, turn right at light on 257th. Continue up
hill, approximately 2.6 miles, turn left onto 17th Street. Take first left into
parking lot. The pool is on the left behind the soccer field.



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FACILITY:

Outdoor pool, 50 meters by 25 yards, 8-10 lanes, swimming widths. Outdoor pool, 50 meters by 25 yards (8 lanes 2.5 meters per lane). The starting end of the pool is 16 feet deep, the shallow end is 6.0 feet deep. The competition course has been certified in accordance with 104.2.2C(4). Start blocks at deep end only. Normal deep end starts for all events. Parking available and seating for 3,000 spectators. Electronic timing system. Accessibility available for adaptive swimmers. **Open pool deck areas available for swimmers, coaches, and officials only.**

RESTRICTIONS:

Tobacco products, alcoholic beverages and glass containers are not allowed in the facility. Shaving is not permitted in the facility. **Only coaches, swimmers, and working volunteers will be permitted on deck.**

TIME/DATE:

September 24th

Date

Saturday

Warm-Ups

8:00 a.m.

Timed Finals

9:00 a.m.

ELIGIBILITY:

Swimmers must be currently registered with U.S. Swimming, **NO ON DECK REGISTRATION SHALL BE PERMITTED.** Swimmers must be within the listed age brackets as of 9/24/11. Any swimmer entered in the meet must be certified by a USA Swimming member coach as being proficient in performing racing starts 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.

ENTRY DEADLINE:

Entries must be received by **3:00 pm, September 16, 2011. DO NOT LEAVE ENTRIES AT POOL.** Late entries will be considered on a case by case basis at the discretion of the meet director. Please mark any Federal Express Packages: "NO SIGNATURE REQUIRED."



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ENTRY LIMIT:

Five individual events.

MEET LIMIT:

300 swimmers.

ENTRY FEES:

\$6.00 (\$3.00 Oregon Swimming surcharge per swimmer/\$3.00 facility fee)

\$2.00 Individual Event Fee

Entry fees must accompany your master entry form.

Make checks payable to: Mt. Hood Aquatics

ENTRY ADDRESS:

Julie Greenaway

1409 SE 207th Avenue

Gresham, OR 97030

E-mail: agreena833@aol.com

ENTRIES:

1. Submit **SHORT COURSE YARD TIMES ONLY FOR SEEDING**
2. Ages and USS registration numbers must be included.
3. HY-TEK Meet Management Software will be used. **If you have HY-TEK, please submit entries by email.**
4. You may also e-mail Team Unify entry files. Please zip all entry files and include a separate meet entry report as part of the email. Send payment to entry address. E-mail to: agreena833@aol.com.
5. On your team entry report, please include the following: "I have read the meet information, and attest that all competitors entered hereon are members of United States Swimming, Inc." Include signature of coach or representative.



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RULES:

Current U.S. Swimming, Inc. and Oregon Swimming, Inc. rules will govern this meet.

SAFETY:

Current Oregon Swimming Safety Guidelines and Warm-up Procedures will be in effect, and strictly enforced.

BULLPEN:

There will be a bullpen for all 8 and under events.

AWARDS:

Medals awarded to eight places for each age group, i.e. 8 and Under, 9-10, 11-12, 13-14, 15 and over - Placement is to be determined by the cumulative times in all five events. Participants must swim in five events to be eligible for awards. A penalty will be assessed for disqualifications according to the following scale: 5 seconds for 25s, 10 seconds for 50s, 20 seconds for 100s, and 40 seconds for 200s.

MEETINGS:

Officials' meeting will be held 45 minutes prior to the start of the meet.
Coaches' meeting will be held 15 minutes prior to the start of the meet.

OFFICIALS:

We always appreciate the help of Certified Officials from other clubs. If you will be attending this meet, please notify Cherie Strand @ lunyone@yahoo.com, so that your name can be added to the schedule. An Officials' Hospitality area will be provided.

TIMERS:

All clubs will be responsible to provide timer coverage for designated lane timing assignments. All teams will be given lane-timing assignments based on the number of swimmers.



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Saturday, September 24th

<i>Girls</i>	<i>Age</i>	<i>Event Description</i>	<i>Boys</i>
#1	8 & U	25 Free	#2
#3	9-10	50 Free	#4
#5	11-12	50 Free	#6
#7	13-14	100 Free	#8
#9	15 & O	100 Free	#10
#11	8 & U	25 Breast	#12
#13	9-10	50 Breast	#14
#15	11-12	50 Breast	#16
#17	13-14	100 Breast	#18
#19	15 & O	100 Breast	#20
#21	8 & U	25 Back	#22
#23	9-10	50 Back	#24
#25	11-12	50 Back	#26
#27	13-14	100 Back	#28
#29	15 & O	100 Back	#30
#31	8 & U	25 Fly	#32
#33	9-10	50 Fly	#34
#35	11-12	50 Fly	#36
#37	13-14	100 Fly	#38
#39	15 & O	100 Fly	#40
#41	8 & U	100 IM	#42
#43	9-10	100 IM	#44
#45	11-12	100 IM	#46
#47	13-14	200 IM	#48
#49	15 & O	200 IM	#50



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**Mt. Hood Aquatics
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**Mt. Hood Aquatics
PO Box 129
Gresham, OR 97030
website: www.mthoodaquatics.org**

ENTRY FEE SUMMARY:

Total Cost of Individual Events (\$2.00 x # of Entries): \$ _____
Total Swimmers (\$6.00 x # of Swimmers): \$ _____

Team Total: \$ _____
(Checks to Mt. Hood Aquatics)



THE FOLLOWING STATEMENT MUST BE SIGNED BY COACH OR TEAM REPRESENTATIVE:

I have read the meet information and attest that all swimmers entered from my team are members of United States Swimming, Inc.

(Signature of Coach or Meet Representative) _____

Team Name: Team Code: _____

Coach(es) Attending Meet: _____

Contact Person Phone #: (____) _____

Contact Person E-Mail: _____



When mailing overnight or Fed-Ex, please indicate **NO SIGNATURE REQUIRED.**



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MEET ENTRY FORM

**Mt. Hood Aquatics
SCY Pentathlon
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**Mt. Hood Aquatics
PO Box 129
Gresham, OR 97030
Website: www.mthoodaquatics.org**

TEAM NAME: _____

TEAM ADDRESS:

COACH NAME:

INDIVIDUAL MEET ENTRIES:

USS ID	NAME	EV#/ TIME	EV#/ TIME	EV#/ TIME	EV#/ TIME	EV#/ TIME
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____