

# 2010 OREGON SWIMMING

## SHORT COURSE 10 & UNDER CHAMPIONSHIPS

February 20-21, 2010

Held Under the sanction of USA Swimming.

- Sanction Number:** 9-167  
**Meet Referee:** Julia Murphy, Phone: 541-430-2428, e mail: murphyhwdfloors@msn.com
- Sponsors:** Willamalane Swim Club and Oregon Swimming, Inc.
- Location:** Willamalane Pool, 1276 G Street, Springfield, OR. 541-736-4080
- Directions:** Take I-5 to Springfield, Eugene, take Hwy 126. (Exit 194 A) and go east. Take Mohawk Blvd. exit. Turn right onto Mohawk, turn right on G Street. The pool is on the right.
- Facility:** Indoor, eight 7ft x 25y lanes, depth 5.5 to 6.5ft. Colorado timing system, horn start, and finish touch pads. Results via electronic scoreboard. Seating for 350 spectators. Concessions for snacks and food available. Facility is accessible to adaptive swimmers.
- Restrictions:** Alcoholic beverages, tobacco products of any kind, and glass containers are not allowed in the swimming venue, on the grounds, or in the parking areas. There is no shaving allowed in the swimming venue.
- Deck Access:** Coaches and officials must display appropriate 2010 USA Swimming membership cards at all times while on deck. Spectators and parents are restricted to the designated areas.
- Rules:** Current USA Swimming and Oregon Swimming Rules and OSI Scratch Rules will govern. OSI Safety Guidelines and Warm-up Procedures will be strictly enforced.
- Format:** This is a timed finals meet.
- Eligibility:** Swimmers must be currently registered with USA Swimming/Oregon Swimming. Swimmers age on the first day of meet applies. Qualifying times must have been achieved from February 1, 2009 thru the entry deadline for this meet. Entry times should be in the OSI database. If they are not, appropriate proof of times must be submitted to the OSI Office within 7 days of the meet if the swimmer does not swim at least a qualifying time at the meet, to avoid a fine from OSI. No on deck registration will be available. Clubs entering swimmers who are not registered are subject to a fine per USA Swimming Rules and Regulations.
- Schedule:** Saturday - Warm-ups 12:00 PM to 1:15 PM. Timed Finals begin at 1:30 PM.  
Sunday - Warm-ups 8:30 AM to 9:45 AM. Timed Finals begin at 10:00 AM.
- Entry Limit:** Maximum of **five individual events per day**, but **not more than six plus two relays for the meet**.
- Entries:** **Teams with Hy-tek capability are strongly encouraged to submit a Commlink entry file (cfile01.cl2) or by zipped e-mail file.** Mail a hard copy with payment to the entry address. Enter personal best time achieved in the qualifying period. Seeding for the short course 10&Under AG Championships shall be Short Course Yards (SCY), Short Course Meters (SCM) and then Long Course Meters (LCM)). **DO NOT CONVERT TIMES. NON-QUALIFYING TIMES AND LATE ENTRIES WILL NOT BE ACCEPTED.** NEW QUALIFYING TIMES attained between February 10 and February 14, 2010 will be accepted until 12:00PM Monday February 15, 2010 by sending an E-mail to [office@oregonswimming.org](mailto:office@oregonswimming.org). Entry times already submitted may not be updated. Received E-mails will be acknowledged by 1:30 PM Monday. Hy-tek Meet Manager Software will be used.
- Entry Deadline:** Entries must be received by **12:00 PM (Noon), WEDNESDAY, FEBRUARY 10, 2010**

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- Relays:** Relay times can be entered on a Hy-tek disk. "Relay only" swimmers must be listed on the master entry disk and designated as "relay only" and the surcharge paid. Names for relays will be submitted on relay entry forms provided at the meet or can be submitted on Hy-Tek disk.
- Entry Fees:** \$10.00 Surcharge per swimmer.  
\$2.50 per individual event entry fee.  
\$10.00 per relay entry fee.  
Please may checks payable to Oregon Swimming, Inc. **FEES MUST ACCOMPANY ENTRIES.**
- Entry Address:** Oregon Swimming – office@oregonswimming.org  
1750 SW Skyline Blvd #103  
Portland OR 97221
- Meet Director:** Laretta Belk, Phone: 541-736-5912, email: mom3x2000@aol.com
- Bull-Pen:** A bull-pen will be used for 8 & Under events only.
- Breaks:** At the discretion of the Meet Referee, and dependent on the number of entries, breaks will be scheduled to provide adequate rest for the athletes.
- Awards:** Ind. events: 1-8 Place medals  
9-16 Place ribbons  
Relay events: 1-3 Place medals  
4-8 Place ribbons
- Meetings:** Officials Meetings: 12:30 PM Saturday  
9:00 AM Sunday  
Coaches Meeting: 1:15 PM Saturday, others will be announced when and if needed.
- Timers:** Each club is requested to appoint a timers' representative who will report to the head timer 30 minutes prior to the beginning of each session with a list of volunteer timers from their club. Clubs will be assigned timing responsibilities based on the number of swimmers entered.
- Officials:** We always appreciate the help of certified officials from other clubs; if you will be attending this meet, please notify the meet referee.
- Hospitality:** Officials and coaches are invited to enjoy the hospitality provided by Willamalane Swim Club parents.

**OREGON SWIMMING**  
**2010 SHORT COURSE 10&UNDER CHAMPIONSHIPS**

**SCHEDULE OF EVENTS - SATURDAY FEBRUARY 20, 2010**

GIRLS							BOYS	
EV#	SCY	LCM	EVENT		SCY	LCM	EV#	
1	2:43.89	3:09.49	10 & U	200	Medley Relay	2:48.89	3:08.59	2
3	1:30.99	1:47.59	8 & U	100	Free	1:34.99	1:49.39	4
5	3:04.39	3:20.99	Age 9	200	Free	3:05.99	3:26.79	6
7	2:40.59	2:59.99	Age 10	200	Free	2:40.59	2:58.89	8
9	55.69	1:04.19	8 & U	50	Breast	58.69	1:06.99	10
11	47.69	57.19	Age 9	50	Breast	49.99	59.29	12
13	43.69	49.29	Age 10	50	Breast	44.99	48.59	14
15	54.29	1:00.59	8 & U	50	Fly	58.79	1:06.19	16
17	1:49.99	2:02.69	Age 9	100	Fly	1:49.99	2:05.99	18
19	1:32.09	1:46.99	Age 10	100	Fly	1:34.09	1:47.69	20
21	49.49	55.19	8 & U	50	Back	50.99	56.49	22
23	43.09	49.89	Age 9	50	Back	43.89	51.99	24
25	38.99	43.99	Age 10	50	Back	39.89	44.99	26
27	1:34.69		Age 9	100	IM	1:35.99		28
29	1:23.39		Age 10	100	IM	1:24.09		30
			Break					
31	2:24.09	2:42.99	10 & U	200	Free Relay	2:25.19	2:42.99	32

**SCHEDULE OF EVENTS - SUNDAY FEBRUARY 21, 2010**

GIRLS							BOYS	
EV#	SCY	LCM	EVENT		SCY	LCM	EV#	
33	1:30.00		8&U	100	Free Relay	1:30.00		34
35	3:21.99	3:53.99	Age 9	200	IM	3:21.99	3:53.99	36
37	1:45.99		8 & U	100	IM	1:50.99		38
39	2:58.69	3:23.19	Age 10	200	IM	3:02.09	3:22.19	40
41	39.99	45.99	8 & U	50	Free	40.99	46.89	42
43	35.99	41.79	Age 9	50	Free	35.99	42.99	44
45	32.79	36.49	Age 10	50	Free	32.99	36.39	46
47	21.59		8 & U	25	Back	21.99		48
49	1:33.29	1:49.99	Age 9	100	Back	1:36.99	1:50.99	50
51	1:23.79	1:35.89	Age 10	100	Back	1:28.99	1:35.79	52
53	20.69		8 & U	25	Fly	22.49		54
55	43.99	51.89	Age 9	50	Fly	45.99	53.29	56
57	38.99	42.59	Age 10	50	Fly	38.99	43.89	58
59	24.99		8 & U	25	Breast	24.99		60
61	1:47.99	2:03.29	Age 9	100	Breast	1:47.99	2:05.29	62
63	1:35.69	1:49.29	Age 10	100	Breast	1:37.59	1:49.79	64
65	18.09		8 & U	25	Free	18.49		66
67	1:22.49	1:35.49	Age 9	100	Free	1:25.99	1:36.99	68
69	1:12.89	1:22.19	Age 10	100	Free	1:14.89	1:21.49	70
71	2:00.00		8 & U	100	Medley Relay	2:00.00		72

Check the 2010 Oregon Swimming Swim Guide or website for Short Course Meter times

# OREGON SWIMMING, INC.

2010 SHORT COURSE 10 & UNDER CHAMPIONSHIPS

February 20-21, 2010 – SPRINGFIELD, OREGON

**ENTRY SUMMARY SHEET - TEAM NAME:** \_\_\_\_\_

**ENTRY DEADLINE - 12:00 PM, WEDNESDAY, February 10, 2010**

	TOTALS
TOTAL FROM 8 & U	\$
TOTAL FROM AGE 9	\$
TOTAL FROM AGE 10	\$
TOTAL FROM RELAY	\$
GRAND TOTAL*	\$

\*PLEASE ENCLOSE **ONE** CHECK, PAYABLE TO OREGON SWIMMING, INC

WRITE YOUR TEAM NAME AT THE TOP OF THIS PAGE.

Entries must be received by **12:00 PM, WEDNESDAY, February 10, 2010**

Mail entries to:

**Oregon Swimming  
1750 SW Skyline Blvd #103  
Portland OR 97221  
503-297-6027**

**office@oregonswimming.org**  
*Please proofread your entries carefully*

**NON QUALIFYING ENTRY TIMES WILL NOT BE ACCEPTED.**

**When mailing overnight or Fed-Ex please indicate No signature required.**

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THE FOLLOWING STATEMENT MUST BE SIGNED BY THE COACH OR A TEAM REPRESENTATIVE.

I HAVE READ THE MEET INFORMATION AND ATTEST THAT ALL SWIMMERS ENTERED  
HEREON ARE MEMBERS OF UNITED STATES SWIMMING, INC.

\_\_\_\_\_  
Signature of Coach/Team Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone