



**ROCKY MOUNTAIN
STATE GAMES**
June 9-11, 2017

Hosted By:



CMA Swim Team and the Colorado Springs Sports Corporation



Location:

U.S. Olympic Training Center Aquatics Building, (6035' elev.)
1 Olympic Plaza
Colorado Springs, CO 80909

Approval:

Held under the Approval of USA Swimming #2017-071A and Recognized by US Masters Swimming, Recognition #327-R003. In granting this approval it is understood and agreed that USA swimming shall be free and held harmless from any liabilities or claims from damages arising by reason of injuries to anyone during the conduct of the event.

Facility:

10 Lane 50 meter pool. Depending upon entries, the meet will be swum in 8 or 9 lanes, leaving up to 2 lanes available for continuous warm-up and cool-down during the meet. The competition course has not been certified in accordance with USA Swimming regulation 104.2.2C (4). The starting end is 6 feet 7 inches deep and the turn end is also 6 feet 7 inches deep. The length of the competition course is in compliance and on file with USMS in accordance with articles 105.1.7 and 107.2.1, but as a bulkhead course, is subject to length confirmation. Eligibility of times for USMS Top 10 and Records contingent on verification of bulkhead placement.

Timing:

Colorado Timing System with touch pads, back-up buttons, watches, and an electronic scoreboard.

Entry Fees:

Individual Entries: \$6.00 (\$.75 goes to CSI Support Fund)
Pool Surcharge: \$8.00
Make one check per team payable to **Cheyenne Mountain Aquatics**

Entries:

Swimmers may enter up to four (4) individual events per day. Each session will be limited to 180 swimmers or when the 4-hour timeline is reached, whichever comes first. 1500 entries will be limited to 6 heats. All entries must be submitted with a LCM time; NT's will not be accepted. Please email entries electronically to: Diana@cmaswim.com

Mail hard copies to: Diana Guess
P.O. Box 60177
Colorado Springs, CO 80960

Entries must be received by Wednesday – May 31, 2017

Entries will be accepted in the order they are received.

Safety:	Robert Jenkyns	(262)-719-9544
Entry Chair:	Diana Guess	(817) 313-5464
Meet Director:	Robert Jenkyns	(262)-719-9544
Meet Referee:	Troy Brovold	(719) 332-4514

Meet Schedule:

Friday – June 9, 2017

Session 1 – 13&Over

Warm-up: 10:00 am

Meet Start: 11:00 am

Session 2 – 400 & 1500 Freestyle

Warm-up: TBD

Meet Start: TBD

Saturday & Sunday – June 10 & 11, 2017

AM – 13&Over

Warm-up – 9:00 am

Meet Start – 10:00 am

Afternoon – 12&Under

Warm-up – TBD

Meet Start: - TBD

Warm-ups: CSI warm-up procedures will govern this meet. Warm-up assignments will be distributed by Tuesday, June 6, 2017

Awards: Medals will be awarded in individual events for 1st-3rd place in the following age groups: 10 & Under, 11-12, 13-14, 15-Over. Medals will be awarded to age increments of 5 years in the 23 & Over divisions. Awards will be available for pick up throughout the meet.

Rules: 2017 USA Swimming and CSI rules will govern the meet. The Meet Referee will have final authority for the conduct of the meet. All events will be timed finals and be seeded slowest to fastest, except for the 400 & 1500 free events which will be swum fastest to slowest alternating a heat of girls and a heat of boys. Use LCM times on all entries. Use of audio or visual recording devices, including a cell phone, is not permitted in changing areas, rest rooms, or locker rooms. No on deck photography from behind the starting platforms. Deck changes are prohibited.

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.

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) any time athletes, coaches, officials and/or spectators are present.

Eligibility: USA Swimming registered swimmers, and guests. Age as of June 9, 2017 determines swimmer's age for this meet. There are qualifying time standards for all 200's and above. As a Recognized USMS event, USMS registration is not required. Interested adults of all ages, USMS registered or not, are encouraged to enter. If you are a USMS registered swimmer, you are eligible to be submitted for USMS Top Ten consideration nationally. If interested in registering, see www.comsa.org

Meet Info: ***Swimmers who will be representing a team, warming up with a team, hanging out with a team, or are in any way affiliated with a team, please submit your entries electronically as a team, and not individually.***

Athletes entering as individuals and not with a team, **please use the attached individual entry form.** All **teams**, please submit entries by email to the entry chairman using the Hy-Tek. Meet Manager meet entries template provided at www.coloradoswimming.org (upcoming meets or meet schedule). All electronic entries must include a soft copy printout of the team entry report, team roster, preparer's name and phone number, and coach's name, address & phone number. Meet Host reserves the right to close entries before the entry deadline in case the meet fills earlier. This meet does not count towards CSI Athlete Reimbursement requirements.

Scoring: No Team or individual scoring will be kept

Programs: Will be available in the concession area of the lobby.

Liability: In granting this approval it is understood and agreed that USA Swimming shall be free from any liabilities or claims or damages arising by reason of injuries to anyone during the conduct of the event.

2017 Rocky Mountain State Games Order Of Events

		<u>Friday, June 9 – Session 1</u>				
Girls					Boys	
<u>Event</u>	<u>LCM Qual time</u>	<u>Description</u>	<u>LCM Qual time</u>		<u>Event</u>	
1		13&Over 50 Back			2	
3	3:15.99	13&Over 200 IM	3:15.99		4	
5		13&Over 100 Fly			6	
7	3:25.99	11&Over 200 Breast	3:25.99		8	
<u>Friday, June 9 - Session 2</u>						
9	5:26.59	11&Over 400 Free*	5:26.59		10	
11	24:59.99	13&Over 1500 Free*	24:59.99		12	
<i>* Swimmers must provide their own timers and counters for the 400M & 1500M Free.</i>						
<u>Saturday, June 10 - Session 3</u>						
13		13&Over 50 Free			14	
15	3:25.99	11&Over 200 Fly	3:25.99		16	
17		13&Over 100 Back			18	
19	2:41.99	13&Over 200 Free	2:41.99		20	
21		13&Over 50 Breast			22	
<u>Saturday, June 10 - Session 4</u>						
23		12&Under 50 Free			24	
25		12&Under 100 Breast			26	
27	3:19.99	12&Under 200 Free	3:19.99		28	
29		12&Under 100 Back			30	
31		12&Under 50 Fly			32	
<u>Sunday, June 11 - Session 5</u>						
33		13&Over 50 Fly			34	
35		13&Over 100 Breast			36	
37	3:05.99	11&Over 200 Back	3:05.99		38	
39		13&Over 100 Free			40	
41	6:27.69	13&Over 400 IM	6:27.69		42	
<u>Sunday, June 11 - Session 6</u>						
43		12&Under 50 Back			44	
45		12&Under 100 Fly			46	
47	3:15.59	12&Under 200 IM	3:15.59		48	
49		12&Under 100 Free			50	
51		12&Under 50 Breast			52	



Swimming - Individual Athlete Registration

(Only used by athletes submitting entries non-electronically)

Swimmers who will be representing a team, warming up with a team, hanging out with a team, or are in any way affiliated with a team, please submit your entries electronically as a team, and not individually. Any questions about this procedure should be directed to the entry chairman(Diana@cmaswim.com) before submitting your entries.

Team Name (if any):

Team code:

Entry Form Prepared By:

Address:

Phone:

Email:

City, State, and Zip:

Last Name		First	M.I.	D.O.B.	SEX	2017 USA Swimming I.D. # Write in "none" if not applicable
Athlete Entry #	Meet Event #	Description		Entry Time - LCM 00:00.00	Entry Fees \$5.00 – each individual event	
1						
2						
3						
4						
5						
6						
7						
8						
9						
Athlete Registration					\$9.00	
Athlete Insurance (if no 2017 USAS ID # provided)					\$3.00	
Total Balance Payable						

Please make checks payable to: **Cheyenne Mountain Aquatics**

Send to Entry Chairman

(must be received no later than Wednesday, May 31, 2017)

Diana Guess – P.O. Box 60177, Colorado Springs, CO 80960

Phone: (817) 313-5464, Email: Diana@cmaswim.com

PARTICIPANT CONSENT

TRANSPORTATION AND MEDICAL RELEASE

I hereby give consent for the USOC and the USOEC at Northern Michigan University to provide me with medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing, and meals associated with participation in programs conducted at this United States Olympic Training Center (USOTC) and the USOEC at Northern Michigan University under the auspices of the **United States Olympic Committee**. I authorize the USOC medical staff, under the supervision and protocol of the USOC physicians, to act as my agent to receive, procure, store, and issue any medications, which are prescribed for me. I understand that the medicines will be provided in non-child-safety resistant blister packs and will keep them out of the reach of children. In the event that emergency medical services are required, I hereby authorize the USOC to act to resolve such emergency without first obtaining my prior consent or the consent of my next of kin, parent, guardian, or any other individual.

If the program in which I am participating includes psychiatric, psychological, physiological and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risks or hazards when customary safeguards are observed.

I further authorize the exchange of medical information, including information regarding physiological and/or biomechanical evaluations, and psychological or psychiatric records, between the USOC medical staff members for the management of my care and treatment and the release of any such medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while I am participating in the program conducted at this United States Olympic Training Center (USOTC) and the USOEC at Northern Michigan University under the auspices of the **United States Olympic Committee**.

I swear that I am in good physical condition and am able to fully participate in this program. I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's programs at this USOTC and the USOEC at Northern Michigan University.

This Release shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the release given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to the termination of my participation.

DRUG USE AND BLOOD DOPING

By registering at this USOTC and the USOEC at Northern Michigan University and in exchange for the privilege of participating in programs, I am consenting to be subject to drug testing (if selected) and the penalties applicable if found positive for a banned substance or employment of a banned method. I am aware that failure to comply with such testing will be cause for the same penalties as for those who test positive for a prohibited substance or method.

I know that if I have any questions about medications and banned substances or practices I may contact the U.S. Anti-doping Agency ("USADA") Drug Reference Line (1-800-233-0393) before, during or after my USOTC and the USOEC at Northern Michigan University stay. I understand, however, that the USADA Drug Reference Line is only advisory and that I have the absolute obligation and sole responsibility to avoid the use of any product which may contain a banned substance. The USADA Drug Reference Line cannot be reached from abroad.

X
Participant Signature

Date Signed: _____

FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the **United States Olympic Committee** at this USOTC and the USOEC at Northern Michigan University, and consent to the provision of medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing and meals associated with participation in programs conducted at this United States Olympic Training Center and the USOEC at Northern Michigan University. In the event that emergency medical services are required, I hereby authorize the USOC and the USOEC at Northern Michigan University to act to resolve such emergency without first obtaining my prior consent or the consent of the participant's next of kin or any other individual. I have instructed my son/daughter to abide by the Participant Conduct.

X
Parent/Guardian Signature

Date Signed: _____

Parent/Guardian Name (Please Print) _____

Relationship: _____

ASSUMPTION OF RISK, WAIVER and RELEASE
(for athletes not registered with USA Swimming)

In consideration of being allowed to participate in the Rocky Mountain State Games athlete/sports program, related events and activities, the undersigned appreciates, acknowledges and agrees that:

1. There are risks of injury from participating in the activities involved in this program of events, including the potential for paralysis, disability or even death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS (known or unknown, present or future, direct or consequential, and whether physical, psychological, social, economic or otherwise, and including all treatment, hospitalization and other care rendered to me in the event of my illness, injury or emergent circumstances in connection with my participation in this program of events), EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and I assume full responsibility for my participation and all such risks.
2. I willingly agree to comply with the stated and customary terms and conditions for participation in this program of events. If I observe any unusual significant hazard during my participation, I will remove myself from participation and immediately bring such to the attention of the nearest official.
3. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Rocky Mountain State Games, National Congress of State Games, Colorado Springs Sports Corporation and their directors, officers, employees, officials, committee members, volunteers and agents, other participants, organizing and sponsoring agencies, National Governing Bodies, sponsors and advertisers, and, if applicable, owners and lessors of premises used to conduct the program of events ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, PARALYSIS, DISABILITY, OR DEATH, and all liabilities, losses, damages, claims and causes of action (including attorneys fees) of any nature, incurred, suffered or associated with my participation in this program of events, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. I give my permission to the event organizers for the free use of my name, likeness and/or pictures for use in broadcasts, telecasts, newspaper, etc., for the promotion of this program of events.
5. I will follow and abide by the rules, policies and code of conduct of the Rocky Mountain State Games. I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE AGREEMENT, FULLY UNDERSTAND ITS TERMS AND SIGN IT VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Signature

Participant Printed Name

Date

FOR PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION

I, as parent/guardian with legal responsibility for this participant, consent and agree to his/her assumption of risk, waiver and release as provided above, and for myself, my heirs, assigns and next of kin, release and agree to indemnify the Releases from any and all liabilities, losses, damages, claims and causes of action (including attorneys fees) incident to my minor child's involvement or participation in the events as provided above, even if arising from the negligence of Releases.

I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize the Rocky Mountain State Games, their personnel and medical staff, to call an ambulance or transport my child to the nearest medical care facility and secure emergency medical treatment, including hospitalization, injections, anesthesia or surgery.

Parent/Guardian Signature/Relationship

Parent/Guardian Printed Name

Date

In the event of injury, medical costs must be paid by the athlete. Entry will not be accepted unless release and waiver are signed.

ROCKY MOUNTAIN STATE GAMES - SWIMMING

Swimmers and Spectators,

We are pleased to have the privilege of hosting our meet at the United States Olympic Training Center in Colorado Springs. Because the OTC is part of the USOC, all visitors or participants must comply with specific commercial sponsorship agreements. Outlined below are security procedures and facility restrictions which must be followed for the duration of the meet:

SECURITY

The pool and locker rooms are located on the second floor of the building.

All meet personnel, athletes and spectators must enter and exit building through the main entrance.

An elevator is available for disabled swimmers and spectators or anyone requiring wheel chair access to the pool.

An extra large conference room on the first floor will be open for swimmer seating, resting or stretching during the competition.

Access to any other area of the OTC is restricted to athletes in residence.

Daily tours of the Center are offered free of charge through the Visitors Center.

Personal belongings will be subject to search.

The following items are **NOT PERMITTED** in the building:

Weapons of any kind

Alcohol and tobacco

Coolers

Animals/pets

Skateboards, roller blades or shoes with wheels

Hard soled shoes - to protect the integrity of the deck we ask you to wear only low soft soled shoes or sandals

Glass bottles

Folding chairs are permitted as long as they are non-marking with a rubber footprint

FOOD

Limited concessions sold on site, so please plan meals accordingly. There are a few fast food / snack stores just outside the main gate of the OTC. To protect the integrity of the deck, food in the facility is limited to health/sports bars, water, coffee, and approved sports drinks

(see below).

All drink containers must have lids.

Please –no sodas, meals, chips, candy or chewing gum on deck.

No Gatorade or Gatorade containers -the USOC has sponsorship agreements with Coke and PowerAde

GENERAL INFORMATION

Water stations will be available around the pool deck for your convenience. Water also sold at concessions.

Spectator seating available on deck- but will be limited. Please keep personal items to a minimum. Young children and siblings must be supervised at all times-they will not be permitted to wander or play outside the facility.

Cameras and video recorders are permitted for personal use only.

Banners are limited to the approved sponsors only—***please no team banners.***

INVITATION TO OFFICIATE

Swimming Competition
United States Olympic Training Center Natatorium
Colorado Springs, Colorado
June 9th – 11th, 2017

You do not have to fill out this form to work this meet, however, completing it does help us in our meet planning. As always, we welcome your participation in the celebration of our athletes' achievements.

You are hereby invited to officiate at the 2017 Rocky Mountain State Games to be held at the Olympic Training Center. An officials briefing will be held at the beginning of warm-ups prior to each session. Please return this completed invitation no later than June 1, 2017. The dress is white shirts/blouses and navy pants/shorts/skirts, with white, deck friendly shoes.

Name: _____ LSC: _____

Address: _____ e-mail: _____

City, State, Zip: _____ Phone: _____

CURRENT Certifications

LSC Position: _____ Exp. Date: _____

N2 Position: _____ Exp. Date: _____

N3 Position: _____ Exp. Date: _____

I would appreciate a receipt by e-mail. []

I will work at all sessions: []

I can't work at all sessions. I will be able to work:

Friday Session 1 [] Session 2 []

Saturday Session 3 [] Session 4 []

Sunday Session 5 [] Session 6 []

Please return this application to:

Troy Brevold – P.O. Box 60177, Colorado Springs, CO 80960
Phone: (719) 332-4514, E-mail: csi.brovold@gmail.com

CHECK LIST FOR THE ROCKY MOUNTAIN STATE GAMES

This checklist is to hopefully help with entries. Have someone on your team double check for accuracy. This checklist must be signed by the coach or swimmer (if not with a team) and returned with the entries.

USA Swimming Registered Athletes and Teams

- _____ 1. All entries have been checked for accuracy and e-mailed in electronically.
- _____ 2. Entry fees have been sent with entries and checked for accuracy.
- _____ 3. The CSI Meet Verification Form has been sent with the entries.
- _____ 4. The coaches' name, e-mail address, and a phone number where he/she may be reached are included with the entries.
- _____ 5. The "Participant Consent" form has been filled out, signed, and turned in for every athlete entered in the meet.
- _____ 6. All times have been submitted in Long Course Meters (NT's will not be accepted)

Non-USA Swimming Registered Athletes

- _____ 1. All entries have been checked for accuracy. Swimmers name, time and event numbers are correct.
- _____ 2. All times have been submitted in Long Course Meters (NT's will not be accepted)
- _____ 3. The swimmers' name, e-mail address, and phone number where he/she may be reached are included with the entries.
- _____ 4. The "Participant Consent" form has been filled out, signed, and turned in with entries.
- _____ 5. Entry fees have been sent with entries and checked for accuracy.
- _____ 6. The "ASSUMPTION OF RISK, WAIVER and RELEASE" form has been filled out, signed, and turned in with entries.

Coaches' / Swimmers' Signature

Date

Coaches' / Swimmers' Name

Phone Number

E-mail Address