

2014 Tri-State Regional Swim Meet
Sponsored by Children's Lightning Wheels

Dear Competitor:

The 21st Annual Tri-State Regional Swim Meet sponsored by Children's Lightning Wheels will **be held on Saturday, March 1, 2014, at the Sonny Werblin Recreation Center at Rutgers University, 656 Bartholomew Road, Piscataway, New Jersey.**

This meet is being run in cooperation with the Tri-State Wheelchair Athletic Association, WASUSA and USA Swimming NJ. **Please note: this is the swim event for the Tri-State Regional Games.** As a reminder this meet is for juniors and adults. Some details of how the meet will be run are listed below:

- This meet will be run according to Wheelchair and Ambulatory Sports USA, US Swim and IPC rules.
- This meet is recognized as a qualifier for the National Junior Disability Championships.
- All athletes must be members of Wheelchair and Ambulatory Sports USA (WASUSA). **Membership will be checked.** A single event membership is also available for **this meet only.** That fee is \$10.00.

In order to become a member of Wheelchair and Ambulatory Sports USA in advance of this event, please contact WASUSA at this address:

Wheelchair and Ambulatory Sports, USA

PO Box 5266

Kendall Park, NJ 08824-5266

or visit their website at www.WASUSA.org

- **We will have national swim classifiers at this meet. First time swimmers and those not in the national database will need to go through the classification process. You will receive notification by email as to your classification appointment time. Please be prompt.**
- Junior age groups are designated by the following divisions: Futures, U7, U11, U14, U16, U18, U20, U23. Division is determined by athlete's age as of 12/31/14. For example: DOB = 3/30/2001 is the U14 division.
- Adults will swim as either Seniors (23 – 39) or Masters (40 and over).
- Result Cards will be presented to all competitors.
- A listing of events appears on the Application Form.
- Please review the enclosed order of events before completing the application
- A 25-yard indoor pool will be used for competition.

- WASUSA National records cannot be set at this meet; regional records only.
- Final results will be available on the Tri State Website within 3 weeks after the meet.
(www.tswaa.com)

You can register for this meet electronically at <http://fmp4.austinmichael.com/fmi/iwp> or by printing out the forms and mailing them to the meet director at the address below. If registering online use WASUSA as the account name and password. Click on “onlinereg”, select 2014 Tri-State Swim Meet; be sure to read all of the information. **The \$35.00 registration fee and all forms are due by Friday, January 31, 2014.** The check should be made out to Children’s Lightning Wheels – Swim Meet and mailed to the meet director at the following address:

Trisha Yurochko, Meet Director
2014 Regional Swim Meet
Children’s Specialized Hospital
150 New Providence Road
Mountainside, NJ 07092

Your application will not be processed if the check for your registration fee has not been received by February 3, 2014. A late fee of \$20.00 will be assessed for each application received or postmarked after February 3, 2014.

If you have any questions, contact me via email: tyurochko@childrens-specialized.org or by phone (908) 301-5424.

I look forward to seeing you at the meet.

Sincerely,

Trisha

Trisha Yurochko, Meet Director



**2014 Tri-State Regional Swim Meet
Sponsored by Children's Lightning Wheels**

SCHEDULE OF EVENTS

12:00 - 1:00 p.m.	Registration
Morning Times to be assigned	Classification
12:30 - 1:00 p.m.	Warm-Up
12:30 - 1:00 p.m.	Officials/Volunteers Report
1:15 - 5:00 p.m.	Swimming Events
5:00 p.m.	Presentation of Results

Unless otherwise scheduled, please do not arrive at the facility before 12:00. Thank you. Registration will be at the top of the ramp – enter facility through door at side rear of building just off parking lot (up a ramp).

ENTRY DEADLINE

All entry forms are due no later than Friday, January 31, 2014. NO ENTRIES WILL BE ACCEPTED without the \$20.00 per registration late fee after February 3, 2014.

Checks should be made out to Children's Lightning Wheels – Swim Meet and mailed, along with the forms if not using the online registration, to the meet director at the following address:

Trisha Yurochko, Meet Director
2014 Regional Swim Meet
Children's Specialized Hospital
150 New Providence Road
Mountainside, NJ 07092

Your application will not be processed if the check for your registration fee has not been received by February 3, 2014.

- ◆ For additional information or questions please contact: Trisha Yurochko via email at: tyurochko@childrens-specialized.org or by telephone (908) 301-5424.



2014 Tri-State Regional Swim Meet - sponsored by Children's Lightning Wheels

Athlete Last Name: _____ First Name: _____

Street Address: _____ City _____

State: _____ Zip Code: _____ WASUSA # _____ D.O.B. _____

Cell Number: _____ Email: _____

Team Name: _____ Need Classification: Yes ___ No ___ Veteran: Yes ___ No ___

Gender: M ___ F ___ Age Group: U7 ___ U11 ___ U14 ___ U16 ___ U18 ___ U20 ___ U23 ___ (age as of 12/31/14)
 Adult Division Seniors (23 - 39) _____ Masters (40 and over) _____

Swim Class:	1	2	3	4	5	6	7	8	9	10	11	12	13
Free/Back/Fly = S													
Breast = SB													
SM Medley = SM													

The meet will follow IPC swim rules. Check event you wish to enter below. Be sure you are eligible for the event. There is no limit to the number of events you can enter, but due to pool time the meet can not wait more than 5 minutes between events except the 500Y Free. At NJDC only 7 events plus 2 relays are allowed. Only unshaded events may be selected.

	U7/ U11	U14	U16	U18	U20/U23	SRS/MAST				
25 Freestyle	S1-13	S1-4								
50 Freestyle	S1-13	S1-13	S1-13	S1-13	S1-13	S1-10				
100 Freestyle		S5-13	S1-13	S1-13	S1-13	S1-10				
200 Freestyle		S5-13	S1-13	S1-13	S1-13	S1-10				
400M/500Y Free			S6-13	S6-13	S6-13	S6-10				
25 Backstroke	S1-13	S1-4								
50 Backstroke	S1-13	S1-13	S1-13	S1-13	S1-13	S1-5				
100 Backstroke		S5-13	S1-13	S1-13	S1-13	S1-13				
200 Backstroke					S6-10	S6-10				
					11-13	11-13				
25 Breaststroke	SB1-9	SB1-9	SB1-3	SB1-3	SB1-3	SB1-3				
	11-13	11-13								
50 Breaststroke		SB3-9	SB1-9	SB1-9	SB1-9	SB1-9				
		11-13	11-13	11-13	11-13	11-13				
100 Breaststroke			SB3-9	SB3-9	SB3-9	SB3-9				
			11-13	11-13	11-13	11-13				
200 Breaststroke					SB6-9	SB6-9				
					11-13	11-13				
25 Butterfly	S5-13	S1-13	S1-5	S1-5	S1-5	S1-5				
50 Butterfly		S5-13	S1-13	S1-13	S1-13	S1-13				
100 Butterfly			S5-13	S5-13	S5-13	S5-13				
200 Butterfly						S7-13	S7-13			
4 X 25 IM	SM4-13	SM4-13								
3 X 25 IM	SM1-4	SM1-4								
4 X 50 IM			SM4-13	SM4-13	SM4-13	SM4-13				
3 X 50 IM			SM1-4	SM1-4	SM1-4	SM1-4				
4 X 100 IM				SM5-10	SM5-13	SM5-13				



TRI-STATE REGIONAL SWIM MEET
SPONSORED BY CHILDREN'S LIGHTNING WHEELS

March 1, 2014

RELEASE OF LIABILITY:

In consideration of the acceptance of this application, I/we hereby for ourselves, our heirs-assign, waive, and release any and all claims against Tri-State Regional Swim Meet sponsored by Children's Lightning Wheels, Children's Specialized Hospital, Rutgers University, Tri-State Wheelchair Athletic Association, Wheelchair and Ambulatory Sports, USA, USA Swimming, USA Swimming - NJ and US Paralympics for all injuries and/or expenses incurred by me/us at the Tri-State Regional Swim Meet on March 1, 2014.

SIGNATURE OF ATHLETE: _____ DATE: _____

SIGNATURE OF PARENT /GUARDIAN: _____

DATE: _____



**TRI-STATE REGIONAL SWIM MEET
SPONSORED BY CHILDREN'S LIGHTNING WHEELS**

March 1, 2014

PERMISSION TO PHOTOGRAPH:

I hereby authorize the sponsors of the Tri-State Regional Swim Meet sponsored by Children's Lightning Wheels to take and use photographs of me/my child during the meet for publicity or for use in programs for future meets. These photos may appear on social media, websites or promotional material.

SIGNATURE OF ATHLETE: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

