



SWIMMING - JUNE 13, 2020

Venues
Dothan Aquatics
501 Recreation Rd
Dothan, AL 36303

ENTRY FEES AND DEADLINES

Standard Registration	Fee	Deadline
Youth and Masters	\$5/event Max of 7 Events for Youth (6 Individual, 1 relay)	June 1, 2020
Register online - alagames.com Register by mail - PO Box 20327 Montgomery, AL 36120 Payable To ASF Foundation		

EVENT SCHEDULE

Friday, June 12

Opening Ceremony

National Peanut Festival Fairground - Dothan,
AL (Free admission for ALL)

3 PM - Doors open for Fan Fair

Food, product vendors, music, Olympic Day
giveaways, fun activities, athlete t-shirt pick
up and more.

5:30 PM - State Farm Leadership Summit (all attendees welcome)

For athletes, coaches, parents, spectators and
volunteers to hear a keynote speaker to learn
the importance of academic excellence, good
citizenship, responsibility, leadership and the
concept of community.

6:45-7:15 PM - Parade of Athletes line up

7:30 PM - Live Opening Ceremony Show begins

8:30 PM - FIREWORKS

Saturday, June 13

8:00 AM - 8:50 AM Open Warm Ups

9:00 AM Competition Begins

(More details on www.alagames.com)

AWARDS & QUALIFYING



Alabama State Games gold, silver, and bronze medals will be
awarded for 1st, 2nd, and 3rd place in each division.

Swimming is a Medal Sport for the State Games of America
(SGA) event. Those who medal in the 2020-2021 Alabama State
Games Swimming meet qualify to compete in the 2021 SGA,
held July 28 - August 1 in Ames & Des Moines, Iowa. Participants
in the Alabama State Games are responsible to check event
format and age groups for all SGA qualifying sports offered at
the Alabama State Games.

EVENT RULES & FORMAT

Eligibility Rules

This is an open meet. Anyone from any state can participate.

Seeding

Event seeding will be TIMED FINALS.

Event Type

Youth and Masters. The State Games are USA Swimming "Observed". Master is recognized by Southeastern Masters Swimming for United States Masters Swimming Inc.

Pool

25 yards, 8 lanes, with non-turbulence lane ropes. The competition course has been certified in accordance with 104.2.2C(4). Water depths at the start are 5' 1/2" and at the turn are 4'.

Timing

Fully automatic Colorado System 5000 electronic timing equipment.

Rules

2018 USA Swimming Rules will govern the meet. Warm up/ warm down available at all times.

Age

Swimmer's age on the first day of the meet will determine the age for the meet.

Scoring

1st-7 points, 2nd-5 points, 3rd-4 points, 4th-3 points, 5th-2 points, 6th-1 point

Safety

In the interest of safety and accident prevention, coaches and swimmers are asked to observe all posted pool rules and facility rules referred to in this meet information and to conduct themselves in a safe and prudent manner. USA Swimming Meet Guidelines and Warm-Up Procedures will be in effect.

CONTACTS

Alabama State Games

Dean Kelly

334-440-8072

dean.kelly@asffoundation.org

Meet Director

Kelly Carter

334-615-3755

kcarter@dothan.org

ORDER OF EVENTS

(Females Will Go First Followed By Males In Each Event)

8 & Under 100 Freestyle Relay

9-10 200 Freestyle Relay

11-12 200 Freestyle Relay

13-14 200 Freestyle Relay

15-18 200 Freestyle Relay

19-29 200 Freestyle

30-49 200 Freestyle

50 & Over 200 Freestyle

8 & Under 25 Freestyle

9-10 50 Freestyle

11-12 50 Freestyle

13-14 50 Freestyle

15-18 50 Freestyle

19-29 50 Freestyle

30-49 50 Freestyle

50 & Over 50 Freestyle

8 & Under 25 Backstroke

9-10 50 Backstroke

11-12 50 Backstroke

13-14 50 Backstroke

15-18 50 Backstroke

19-29 100 Backstroke

30-49 100 Backstroke

50 & Over 100 Backstroke

8 & Under 100 IM

9-10 100 IM

11-12 100 IM

13-14 100 IM

15-18 100 IM

19-29 200 IM

30-49 200 IM

50 & Over 200 IM

8 & Under 25 Breaststroke

9-10 50 Breaststroke

11-12 50 Breaststroke

13-14 50 Breaststroke

15-18 50 Breaststroke

19-29 100 Breaststroke

30-49 100 Breaststroke

50 & Over 100 Breaststroke

8 & Under 25 Butterfly

9-10 50 Butterfly

11-12 50 Butterfly

13-14 50 Butterfly

15-18 50 Butterfly

19-29 100 Butterfly

30-49 100 Butterfly

50 & Over 100 Butterfly

8 & Under 50 Freestyle

9-10 100 Freestyle

11-12 100 Freestyle

13-14 100 Freestyle

15-18 100 Freestyle

19-29 100 Freestyle

30-49 100 Freestyle

50 & Over 100 Freestyle

All Masters Events will be scored as Female/Male:

19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & Over

INDIVIDUAL ENTRY PROCESS (INDIVIDUALS NOT A PART OF A TEAM)

Max of 6 "individual" events for youth & masters NOT part of a team.

ONLINE REGISTRATION

Individual swimmers who are NOT swimming with a team for the state games can pay/register ONLINE and check/sign the waiver form using the online registration system. Register online at WWW.ALAGAMES.COM.

REGISTRATION BY MAIL

NOTICE!! - Individual swimmers NOT part of a team and who DO NOT register online need to mail in a completed entry form, Individual Swimming Entry Form & payment to the ASF Foundation office at:

ASF Foundation
P.O. Box 20327
Montgomery, AL 36120-0327

TEAM ENTRY PROCEDURE

Max of 6 events for youth - 5 Individual & 1 Relay.

TEAMS CAN NOT REGISTER ONLINE. Teams need to submit entries using the Hy-Tek meet manager file, which can be downloaded at WWW.ALAGAMES.COM.

PAYMENT MUST BE RECEIVED BEFORE MEET FILE IS SENT TO MEET DIRECTOR.

1. The meet events file can be downloaded on the WWW.ALAGAMES.COM.

Please be aware that if your team DOES NOT use the Hy-Tek team manger then you will need to complete the TEAM ENTRY FORM below and email it to the Swimming Meet Director & mail a copy to the ASF Foundation office.

2. Complete the Hy-Tek entires file and email it to the Meet Director after sending payment to the ASF Foundation office.

3. Send the following items to the ASF Foundation.

- a. A PDF copy of the Meet Entry Report.
- b. Signed Participant Waivers
- c. Entry Fee Check - Made Payable to:

ASF Foundation
P.O. Box 20327
Montgomery, AL 36120-0327

Team fees will be \$5 per event for each swimmer on the team. Example - Total number of swimmers times the total number of events times \$5 will be the total amount owed to the ASF Foundation.

ENTRY CONFIRMATIONS

Participants who register ONLINE will receive a registration confirmations immediately by email. Individuals & teams who register by mail will receive confirmations by mail the week of June 5, 2020. All individual swimmers and teams will also receive a meet confirmation from the Meet Director no later than June 8, 2020. Please make sure a correct email contact address is listed.

Psych sheets, warm-up times and all other meet information will be posted on the Alabama State Games website and sent to the email address submitted. No entry fees will be refunded. NO LATE ENTIRES WILL BE ACCEPTED. Swimmers should be entered in their best competitive SCY times. Entry Error: If due to a ASF Foundation error, the swimmer will be deck entered in an open lane of the heat nearest his/her entry time or in a new heat. The entire event will not be re-seeded. Masters events will be combined, but scored as Female/Male: 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & Over. In addition, the order of events may be be moved, events may be combined, or breaks might be inserted to ensure appropriate rest between swims.

INDIVIDUAL SWIMMING ENTRY FORM - Please Use For Mailed Entries

Please Staple All Registration Charts To This Form - Fill Out This Form Completely - Please Print Clearly

NAME OF SWIMMER:		INITIALS:
ADDRESS:		
CONTACT PERSON:		PHONE NUMBER:
FAX NUMBER:	CELL PHONE:	EMAIL:

NUMBER OF EVENTS:		X \$5.00 PER EVENT ENTRY FEE =	
TOTAL DUE:			

WAIVER FORM - Please Read Carefully And Sign

In consideration of the PARTICIPANTS being allowed to participate in any way in the ASF Foundation Alabama State Games program and related events and activities, the undersigned:

1. **ACKNOWLEDGE, FULLY UNDERSTAND** that the participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.

2. **ASSUME** all the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death.

3. **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE** ASF Foundation, Inc., sponsor of Alabama State Games, National Congress of State Games, their affiliated clubs, their promoters, other participants, operators, officials, any persons in a restricted area, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

4. **AUTHORIZE**, in the event that the participant sustains injury or illness while competing/participating in the Alabama State Games, any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and give permission for attending medical personnel to execute on behalf of the Participant permission forms or other necessary medical documents and to act on his or her behalf if he or she is not immediately available to do so.

5. **CONSENT** to allow the Participant's picture and/or likeness or voice to appear in any official documentary, promotional (including any and all advertisements) television, radio or film coverage of the Alabama State Games in any manner incidental to his or her participation in the ASF Foundation program, without compensation.

ALL OF THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY. THIS AGREEMENT CANNOT BE MODIFIED ORALLY BY ANY PARTY.

Participant's signature _____ Date _____

Parent/guardian signature (if under 19) _____ Date _____

Printed name of parent/guardian _____

ENTRY FEES

Please refer to specific sport information page in this Registration Packet for complete registration fee information.

☐ **YES!** I want to make a contribution to the ASF Foundation, and I understand that my contribution is tax deductible. Contributions from the private sector are the lifeblood of the ASF Foundation. **IRS Tax ID# 63-0830085**

Make check or money order payable and mail entry forms to:
ASF Foundation
Attn: Registration Director
P.O. Box 20327
Montgomery, AL 36120-0327

Entry Fees	\$
Contribution	\$
Total Enclosed	\$

Please Staple The Registration Chart To The Individual Swimming Entry Form
Fill Out This Form Completely - Please Print Clearly

INDIVIDUAL EVENTS REGISTRATION CHART

Step 1 - Select Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	
Step 2 - Select Age	<input type="checkbox"/>	8 & Under	<input type="checkbox"/>	9 - 18	<input type="checkbox"/>
					18 & Over

Record Time in Short Course Yards

EVENTS FOR 8 & UNDER ONLY

Event Description/Order of Events		Time In Short Course Yards
<input type="checkbox"/>	50 Yard Freestyle	
<input type="checkbox"/>	25 Yard Back	
<input type="checkbox"/>	25 Yard Breast	
<input type="checkbox"/>	25 Yard Butterfly	
<input type="checkbox"/>	25 Yard Free	
<input type="checkbox"/>	100 Yard Freestyle Relay	
<input type="checkbox"/>	100 Yard IM	

EVENTS FOR 9-18 YEAR OLDS

Event Description/Order of Events		Time In Short Course Yards
<input type="checkbox"/>	100 Yard Free	
<input type="checkbox"/>	200 Yard Free Relay	
<input type="checkbox"/>	50 Yard Back	
<input type="checkbox"/>	50 Yard Breast	
<input type="checkbox"/>	50 Yard Butterfly	
<input type="checkbox"/>	50 Yard Free	
<input type="checkbox"/>	100 Yard IM	

EVENTS FOR 18 & OVER

Event Description/Order of Events		Time In Short Course Yards
<input type="checkbox"/>	100 Yard Butterfly	
<input type="checkbox"/>	100 Yard Free	
<input type="checkbox"/>	200 Yard Free	
<input type="checkbox"/>	100 Yard Back	
<input type="checkbox"/>	100 Yard Breast	
<input type="checkbox"/>	50 Yard Free	
<input type="checkbox"/>	200 Yard IM	

TEAM SWIMMING ENTRY FORM - Please Use For Mailed Entries

****Max of 6 events for youth - 5 Individual & 1 Relay!****

CLUB/TEAM NAME:		INITIALS:
ADDRESS:		
LSC:	HEAD COACH:	
CONTACT PERSON:		PHONE NUMBER:
FAX NUMBER:	CELL PHONE:	EMAIL:
COACHES ATTENDING:	NAME	COACHES CARD EXPIRATION DATE
	1.	
	2.	
	3.	
CERTIFIED OFFICIALS WHO MAY WISH TO WORK:	1.	
	2.	
	3.	
	4.	
Certified officials (either USA or summer swimming) who wish to work at the meet, please contact at Please wear khaki pants and white shirts. All officials will receive lunch and a volunteer t-shirt.		
NUMBER OF SWIMMERS ENTERED:	ATTACHED:	
	UNATTACHED:	
	TOTAL:	

SUMMARY OF FEES

NUMBER OF SWIMMERS:			
NUMBER OF IND. EVENTS:		X \$5.00 PER EVENT ENTRY FEE =	
NUMBER OF RELAYS:		X \$5.00 PER RELAY ENTRY FEE =	
TOTAL DUE:			

TEAM SWIMMING ROSTER - Please Use For Mailed Entries

PLEASE DUPLICATE AS NEEDED

NAME OF SWIMMER		EVENT #	EVENT NAME	BEST TIME
DATE OF BIRTH	(Please Circle) MALE FEMALE			
NAME OF SWIMMER		EVENT #	EVENT NAME	BEST TIME
DATE OF BIRTH	(Please Circle) MALE FEMALE			
NAME OF SWIMMER		EVENT #	EVENT NAME	BEST TIME
DATE OF BIRTH	(Please Circle) MALE FEMALE			
NAME OF SWIMMER		EVENT #	EVENT NAME	BEST TIME
DATE OF BIRTH	(Please Circle) MALE FEMALE			
NAME OF SWIMMER		EVENT #	EVENT NAME	BEST TIME
DATE OF BIRTH	(Please Circle) MALE FEMALE			
NAME OF SWIMMER		EVENT #	EVENT NAME	BEST TIME
DATE OF BIRTH	(Please Circle) MALE FEMALE			
NAME OF SWIMMER		EVENT #	EVENT NAME	BEST TIME
DATE OF BIRTH	(Please Circle) MALE FEMALE			

**TEAM ENTRY WAIVER MUST BE FILLED OUT, SIGNED BY EACH TEAM MEMBER
AND SUBMITTED IN ORDER TO COMPETE!
TEAM ENTRY WAIVER IS AT THE END OF THE PACKET.**

TEAM FORM - Roster & Waiver

TEAM INFO														
TEAM NAME						<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE		<input type="checkbox"/> CODED	DIVISION/EVENT			
HEAD COACH	LAST NAME	FIRST NAME								(WORK PHONE)		(HOME PHONE)		-
	ADDRESS									CITY		STATE	ZIPCODE	-
	EMAIL													
ASST. COACH	LAST NAME	FIRST NAME								(WORK PHONE)		(HOME PHONE)		-
	ADDRESS									CITY		STATE	ZIPCODE	-
	EMAIL													

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1. **ACKNOWLEDGE, FULLY UNDERSTAND** that the participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
2. **ASSUME** all the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death.
3. **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE** ASF Foundation, Inc., sponsor of Alabama State Games, National Congress of State Games, their affiliated clubs, their promoters, other participants, operators, officials, any persons in a restricted area, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
4. **AUTHORIZE**, in the event that the participant sustains injury or illness while competing/participating in the Alabama State Games, any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and give permission for attending medical personnel to execute on behalf of the Participant permission forms or other necessary medical documents and to act on his or her behalf if he or she is not immediately available to do so.
5. **CONSENT** to allow the Participant's picture and/or likeness or voice to appear in any official documentary, promotional (including any and all advertisements) television, radio or film coverage of the Alabama State Games in any manner incidental to his or her participation in the ASF Foundation program, without compensation.

ALL OF THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY. THIS AGREEMENT CANNOT BE MODIFIED ORALLY BY ANY PARTY.

Please complete all information about each team member and make sure they sign after reading the waiver above. If the team member is under 19, then a parent or guardian must sign for them. Each team member **MUST** complete and sign the form in order to compete in the Alabama State Games. You may make as many copies of this form as needed.

1	LAST NAME		FIRST NAME	MI	DATE OF BIRTH (MM/DD/YYYY)	AGE	GENDER	(PHONE)	SIGNATURE
	ADDRESS			CITY				STATE ZIPCODE	EMAIL
	EMERGENCY CONTACT INFORMATION	NAME		(HOME PHONE)	-			(WORK PHONE)	RELATIONSHIP
	SCHOOL NAME	Did Your P.E. Teacher recommend that you participate in the Alabama State Games? <input type="checkbox"/> YES <input type="checkbox"/> NO							
2	LAST NAME		FIRST NAME	MI	DATE OF BIRTH (MM/DD/YYYY)	AGE	GENDER	(PHONE)	SIGNATURE
	ADDRESS			CITY				STATE ZIPCODE	EMAIL
	EMERGENCY CONTACT INFORMATION	NAME		(HOME PHONE)	-			(WORK PHONE)	RELATIONSHIP
	SCHOOL NAME	Did Your P.E. Teacher recommend that you participate in the Alabama State Games? <input type="checkbox"/> YES <input type="checkbox"/> NO							

OFFICIAL TEAM MEMBER ROSTER (CONTINUED)

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PLEASE COMPLETE										TEAM NAME	HEAD COACH NAME																																																																				
3	LAST NAME									FIRST NAME										MI										DATE OF BIRTH (MM/DD/YYYY)										AGE										GENDER	()									PHONE	()									SIGNATURE									
	ADDRESS									CITY										STATE										ZIP CODE										EMAIL										RELATIONSHIP																													
	EMERGENCY CONTACT INFORMATION	NAME								(HOME PHONE)																																																																					
	SCHOOL NAME																																																																														
	Did Your PE Teacher recommend that you participate in the Alabama State Games? YES NO																																																																														
4	LAST NAME									FIRST NAME									MI										DATE OF BIRTH (MM/DD/YYYY)										AGE										GENDER	()									PHONE	()									SIGNATURE										
	ADDRESS									CITY									STATE										ZIP CODE										EMAIL										RELATIONSHIP																														
	EMERGENCY CONTACT INFORMATION	NAME								(HOME PHONE)																																																																					
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	SCHOOL NAME																																																																														
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6	LAST NAME									FIRST NAME									MI										DATE OF BIRTH (MM/DD/YYYY)										AGE										GENDER	()									PHONE	()									SIGNATURE										
	ADDRESS									CITY									STATE																																																												

OFFICIAL TEAM MEMBER ROSTER (CONTINUED)

PLEASE COMPLETE

HEAD COACH NAME

HEAD COACH NAME		
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