

10th Annual PARKVIEW 25 meter
SUMMER SIZZLER
AGE GROUP AND OPEN SWIM meet

SPONSORED BY
MAYFIELD VILLAGE



When: Sunday, July 26, 2009

**Where: Mayfield Village's Parkview Pool, 425 North Commons Blvd., located between
Hickland Road and White Road on SOM Center Road (Rt. 91). Parkview Pool is 25 meter by
10 lanes pool, Daktronics, Inc. timing system.**

Parkview Pool Phone Number: (440) 446-1688

FOR WHO:

10 and Under Girls & 12 and Under Boys:

WARM-UP BEGINS AT 8:00 A.M., MEET BEGINS AT 8:50 A.M.

11 and Over Girls & 13 and Over Boys:

**AFTERNOON WARM-UP BEGINS 15 MINUTES AFTER CONCLUSION OF MORNING SESSION. THE
MEET WILL BEGIN 50 MINUTES AFTER THE START OF WARM-UPS. CHECK
WWW.LAKEERIESWIMMING FOR EXACT AFTERNOON START TIMES.**

Note: CONTINUOUS WARM-UP/COOL-DOWN IN SEPARATE DIVING WELL

**FOR MORE INFORMATION OR REGISTRATION PACKET CALL MAYFIELD VILLAGE AT 440-461-5163 OR
GO TO WWW.LAKEERIESWIMMING.COM, UNDER SCHEDULES/RESULTS.**

(OYER)

MORNING SESSION

8 and Under Boys & Girls: *25 Free, * 25 Back, *25 Breast, *25 Fly, 50 Free, 50 Back, 50 Breast,
50 Fly

9 - 10 Boys & Girls: 50 Free, 50 Back, 50 Breast, 50 Fly, 100 Free, 100 Back, 100 Breast,
100 IM

11 - 12 YR. OLD BOYS- 50 Free, 50 Back, 50 Breast, 50 Fly, 100 Free, 100 Back, 100 Breast,
100 Fly, 200 Free

12 & Under Boys & Girls- 400 Free

25 Meter events will not start from blocks, will start in water instead

AFTERNOON SESSION

11 - 12 Girls- 50 Free, 50 Back, 50 Breast, 50 Fly, 100 Free, 100 Back, 100 Breast, 100 Fly,
200 Free

13 & 14 Boys & Girls - 50 Free, 100 Free, 100 Back, 100 Breast, 100 Fly, 200 Free, 200 IM

Open Girls and Boys -

50 Free, 50 Back, 50 Breast, 50 Fly, 100 Free, 100 Back, 100 Breast, 100 Fly, 200 Free, 200 IM, 400
Free

ENTRY LIMITATION: 12 & Under may swim 3 events, 13 & Over may swim 4 events.
Age of swimmer is as of July 26, 2009

AWARDS: Individual and Relay Events:
Medals - places 1-3; Ribbons - places 4 - 10

SUMMER SIZZLER 2009

I MUST HAVE MONEY , EMERGENCY FORM AND THIS PAPER IN THE "PATTON" BOX BY JULY 6TH . MAKE CHECKS PAYABLE TO WILLOUGHBY STINGERS. THERE WILL BE A \$5.00 COACHES FEE. THANK-YOU!!

NAME _____

AGE _____

• EVENT 1. _____\$ _____

• EVENT 2. _____\$ _____

• EVENT 3. _____\$ _____

• EVENT 4. _____\$ _____

COACHES FEE.....\$ 5.00

TOTAL DUE..... _____

ANY QUESTIONS CALL APRIL PATTON AT 440-527-8331 ☺
THANKS

IF YOU ARE NOT USA SWIMMING REGISTERED, YOU MUST COMPLETE THIS CONSENT FORM AND RETURN IT WITH YOU ENTRY. EACH SWIMMER MUST COMPLETE A SEPARATE FORM.

LIABILITY WAIVER AND CONSENT TO EMERGENCY MEDICAL TREATMENT

In consideration of participating in the July 26, 2009 Parkview 25 METER SUMMER SIZZLER, AGE GROUPS AND OPEN MEET at Parkview Pool, I hereby release, discharge and hold harmless Mayfield Village, it employees, agents, volunteers and representatives from any and all claims, costs, damages, and liability from any injuries sustained by my minor child's participation in the swim meet.

This Waiver shall apply to the scheduled date of July 26, 2009 or such other date at which this event may be re-scheduled. I understand that any fees charged for the swim meet do not include accident or personal property insurance. I further represent that my child is physically capable of participating in the swim meet in which my child is registered, based upon consultation with my child's personal physician.

Parent/Guardian _____

Date _____

I hereby GIVE MY PERMISSION and consent and authorize emergency first aid and/or hospital care or treatment for my minor child if deemed necessary by qualified medical or emergency personnel, or by said employees, agents or representatives of the Village, and further agree to assume all expenses for said treatment.

Parent/Guardian _____

Date _____

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____

Phone _____

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish authorities to take no action or to (specify):

Parent/Guardian _____

Date _____