DCST PILGRIM PLUNGE

Kishwaukee YMCA / DeKalb County Swim Team (DCST)

November 7 & 8, 2026

Kishwaukee YMCA | 2500 Bethany Road | Sycamore, IL 60178

Meet Entry Deadline: 8:00 PM on Friday, October 30th

Sanction #: TBD

Meet Information

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Important Facts

- THIS MEET IS A CLOSED YMCA MEET. ONLY SWIMMERS WHO ARE MEMBERS OF A YMCA TEAM MAY SWIM IN THIS MEET.
- There will be a positive check-in for each session. The deadline to turn in scratches will be 30 minutes before the beginning of each session. Scratch sheets will be in the coaches' packet. Coaches need to draw a line through the name and events of each scratched swimmer. Swimmers will need to check in with their coaches. Those swimmers who have not checked in by the deadline will not be seeded to swim (and will not be permitted to swim). Swimmers without representation of a coach must check in with the Meet Director.
- IMPORTANT - We will be using fly-over starts. Please instruct your swimmers prior to the meet to remain in the water at the completion of their events with the exception of the backstroke events. After the athletes touch the wall at the finish of a race and are waiting for the next heat to start, they should move to a corner of their lane prior to the "take your mark" command, keep hands off the blocks and remain still.
- 8 & Under Swimmers Only - There will be a bullpen area near our Sports Court for 8 & under swimmers only.

Session Schedule

Session	Warm-ups / Start	Positive Check-In
Saturday and Sunday AM: 8 & Unders and 13 & Overs	Warmups: 8:00-9:00 AM Meet Starts: 9:10 AM	Positive Check-In closes 30 minutes prior to the meet start time
Sunday 1650	Warmups: Immediately upon the conclusion of AM session but not before the estimated timeline provided to the Coaches after all entries have been received. Meet Starts: 40 minutes following the start of PM warmups, but not before the estimated timeline provided to the Coaches after all entries have been received.	Positive Check-In Closes: 20 Minutes After the conclusion of the AM session
Saturday and Sunday PM: 9 to 12 year old	Warmups: Immediately upon the conclusion of AM or 1650 session but not before the estimated timeline provided to the Coaches after all entries have been received. Meet Starts: 70 minutes following the start of PM warmups, but not before the estimated timeline provided to the Coaches after all entries have been received.	Positive Check-In will close 30 minutes following the start of PM warmups

General Information

LOCATION	Kishwaukee YMCA, 2500 Bethany Road, Sycamore, IL 60178

MEET DIRECTOR Kayleigh Kozlowski Kishwaukee YMCA 2500 Bethany Road Sycamore, IL 60178 (815) 375-5385 E-mail: qcynor@kishymca.org	ENTRY CHAIRPERSON Kayleigh Kozlowski Email: qcynor@kishymca.org
	MEET REFEREE Dave Reynolds
	SAFETY DIRECTOR Donny Gramer

FACILITY	The Kishwaukee YMCA has an 8 lane 25-yard competition pool with starting blocks in 7 feet of water at both ends. There will be some 25-yard lanes available in an additional pool for warm-up and warm-down during the meet. The facility uses non-turbulent lane lines with a fully automatic Colorado timing system. The meet will be run using Hy-Tek's Meet Manager. The seating capacity is for 700 spectators. The competition course has not been certified in accordance with 104.2.2C(4).
RECORDING DEVICES	Use of audio or visual recording devices, including cell phone, is not permitted in changing areas, rest rooms. locker rooms, or behind the blocks.
LOCKER ROOMS	Except where venue facilities require otherwise, changing into or out of swimsuits other than in locker rooms or other designated areas is not appropriate and is prohibited.
SAFE SPORT	All applicable adults participating in or associated with this meet, acknowledge that they are subject to the provisions of the USA Swimming Minor Athlete Abuse Prevention Policy ("MAAPP"), and that they understand that compliance with the MAAPP policy is a condition of participation in the conduct of this competition.
WARM-UPS	Each team will be assigned lanes and times for warm-ups. These assignments will be made after the entries are received. Teams will be contacted with their warm-up assignments. Warm-up assignments will also be on our web page www.DCST.org.
RULES	This meet is governed by the current National YMCA "Rules that Govern YMCA Competitive Sports," Illinois State Swim Committee and USA Swimming rules.
ELIGIBILITY	A swimmer's age as of November 8, 2025 will determine their age for the meet.

Entering the Meet

ENTRY DEADLINE	Entries will not be accepted by the Entry Chairperson before Monday, September 29 at 9:00 AM. All entries must be received by Friday, October 31. Email entries will be accepted. Fax entries will not be accepted.
ENTRIES	Individuals are limited to four entry events per day, not including relays. Relay swimmers must be entered in at least one individual event. Age, first name, middle initial, and last name must appear on all entry blanks. Entries may be submitted by Hy-Tek created file. A signed Summary Fee / Release From provided in this packet and payment in full must accompany all entries. Checks are to be made payable to: DCST. Entries Submitted by Email: A signed release form, and a check for full payment of entries must be received by the end of the first day of competition. DCST assumes no liability for the quality and receipt of the email. Email entries can be sent to: kkozlowski@kishymca.org.
ENTRY FEES	Individual events: $5.00 per event Relay events: $16.00 per relay ISI Fee Charge: $2 per swimmer Facility Charge: $15.00 per swimmer a max of $30 per family will be charged
ENTRY LIMITATIONS	Deck Entries will not be permitted. Each swimmer may enter a maximum of four events per day, not including relays.
EVENTS	In accordance with USA Swimming Rules; Articles 105 and 202.1.13, the Meet Referee has the authority to accommodate swimmers with disabilities. It is the responsibility of the coaches or swimmers to contact the Meet Referee, prior to competition, with specific requests.
MULTI-AGE EVENTS	Swimmers swimming senior events will be swum together, but they will be given awards and be scored separately. These events will be awarded and scored in two age groups: swimmers ages 14 and under and 15 and over.

Awards, Scoring & Meet Operations

AWARDS	Individual events: Custom medals for 1st through 3rd place Custom ribbons for 4th through 8th place Relay events: Custom medals for 1st through 3rd place There will be no awards for senior swimmers ages 15 & older. Individual high point trophies will be awarded to the girl and boy scoring the greatest total points in each age group including seniors. Team Trophies will be awarded to the top three scoring teams. DCST will be excluded from the team scoring. All awards are to be picked up by their coach or team representative at the end of the meet. Unclaimed awards will not be forwarded after the meet.
SCORING	Individual events: 20 – 17 – 16 – 15 – 14 – 13 – 12 – 11 – 9 – 7 – 6 – 5 – 4 – 3 – 2 - 1 Relay events: 40 – 34 – 32 – 30 – 28 – 26 – 24 – 22 – 18 – 14 – 12 – 10 – 8 – 6 – 4 - 2
SEEDING	All events will be time finals from slowest to fastest. Short course yard times should be submitted for entry purposes. The 1650 Freestyle will be swum fastest to slowest, alternating between girls' and boys' heats.
RELAY EVENTS	Relay information will be included in the coach's packets. All relay orders must be turned into the Clerk of Course 30 minutes after the start of each session.
500 & 1650 FREE	Swimmers in the 500 Freestyle must supply their own counters. Swimmers in the 1650 Freestyle must supply their own timers and counters.
CONCESSION	A concession area will be available throughout the meet, located on our Sports Court.
DRONES	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.

Accommodations

Country Inn & Suites 1450 S. Peace Road Sycamore, IL 60178 815 – 895 – 8686 www.countryinns.com	Best Western Sycamore Inn 1935 DeKalb Ave. Sycamore, IL 60178 815 – 748 – 7400 www.bestwestern.com
Quality Inn 1475 S. Peace Road Sycamore, IL 60178 815 – 895 – 4979 www.choicehotels.com	Home2 Suites by Hilton 575 S. Annie Glidden Rd. DeKalb, IL 60115 815-375-5465 www.hilton.com
Baymont Inn & Suites 1314 W. Lincoln Hwy DeKalb, IL 60115 815 – 748 – 7100 www.baymontinns.com	Hampton Inn 663 S. Annie Glidden Road DeKalb, IL 60115 815 – 748 - 4323 www.hampton.com

Order of Events

Saturday, November 7

Saturday AM, November 7

Girls	Event	Boys
101	13 & Over Women and Men's 200 yard Medley Relay	102
	5 Minute Break	
103	Women and Men's 200 yard Freestyle	104
105	8 & Under 100 yard Freestyle	106
107	Women and Men's 100 yard Breaststroke	108
109	8 & Under 25 yard Breaststroke	110
111	Women and Men's 100 yard Butterfly	112
113	8 & Under 50 yard Butterfly	114
115	Women and Men's 100 yard Freestyle	116
117	8 & Under 25 yard Freestyle	118
119	Women and Men's 200 yard Backstroke	120
121	8 & Under 100 yard Backstroke	122
123	13 & Over Women and Men's 400 yard Medley Relay	124
125	8 & Under Mixed 100 yard Medley Relay	
126	Women and Men's 400 yard Individual Medley	127
128	Women and Men's 500 Freestyle	129

Saturday PM, November 7

Girls	Event	Boys
201	11 - 12 200 yard Freestyle	202
203	10 & Under 200 yard Freestyle	204
205	11 - 12 50 yard Breaststroke	206
207	10 & Under 50 yard Breaststroke	208
209	11 – 12 100 yard Butterfly	210
211	10 & Under 100 yard Butterfly	212
213	11 – 12 100 yard Freestyle	214
215	10 & Under 100 yard Freestyle	216
217	11 – 12 100 yard Backstroke	218
219	10 & Under 100 yard Backstroke	220
221	11 – 12 Mixed 400 yard Medley Relay	
	10 & Under Mixed 200 yard Medley Relay	222

Order of Events

Sunday, November 8

Sunday AM, November 8

Girls	Event	Boys
301	13 & Over Women and Men's 200 Freestyle Relay	302
	5 Minute Break	
303	Women and Men's 200 yard Individual Medley	304
305	8 & Under 100 yard Individual Medley	306
307	Women and Men's 100 yard Backstroke	308
309	8 & Under 25 yard Backstroke	310
311	Women and Men's 200 yard Breaststroke	312
313	8 & Under 50 yard Breaststroke	314
315	Women and Men's 50 yard Freestyle	316
317	8 & Under 50 yard Freestyle	318
319	Women and Men's 200 yard Butterfly	320
321	8 & Under 25 yard Butterfly	322
323	13 & Over Women and Men's 400 yard Freestyle Relay	324
325	8 & Under Mixed 100 yard Freestyle Relay	
326	8 & Under 50 yard Backstroke	327

Sunday 1650 Free, November 8

Girls	Event	Boys
401	Women and Men's 1650 yard Freestyle	402

Sunday PM, November 8

Girls	Event	Boys
501	11 - 12 200 yard Individual Medley	502
503	10 & Under 100 yard Individual Medley	504
505	11 - 12 50 yard Butterfly	506
507	10 & Under 50 yard Butterfly	508
509	11 – 12 100 yard Breaststroke	510
511	10 & Under 100 yard Breaststroke	512
513	11 – 12 50 yard Freestyle	514
515	10 & Under 50 yard Freestyle	516
517	11 – 12 50 yard Backstroke	518
519	10 & Under 50 yard Backstroke	520
521	11 – 12 Mixed 400 yard Freestyle Relay	
	10 & Under Mixed 200 yard Freestyle Relay	522

Summary of Fees & Release Form

Kishwaukee YMCA / DeKalb County Swim Team (DCST) | DCST Pilgrim Plunge Meet | November 7-8, 2026

This completed and signed summary of fees and release from, entry forms and a check payable to the Kishwaukee YMCA must be received no later than by 8:00 PM on Friday, October 30th.

Name of Club: _____ Club Code: _____

Names of Coaches attending meet: _____

_____

Name of person submitting entry: _____

Mailing Address: _____

Telephone #: _____ E-mail: _____

	Number of Entries / Swimmers	Cost per Swim	Totals
Individual Events:	_____	X $5.00	_____
Relays	_____	X $16.00	_____
Total # of Swimmers ISI Surcharge	_____	X $2.00	_____
Total # of Swimmers Facility Surcharge	_____	X $13.00	_____
(Max $26 a family for facility surcharge)		Team Total	_____

In consideration of the acceptance of this entry, I, intending to be legally bound, hereby consign, waive, and release any and all rights and claims for damages which may occur against Kishwaukee YMCA (DeKalb County) Swim Team; Kishwaukee YMCA; Illinois Swimming; USA Swimming or their representatives, employees, or successors, for any or all injuries suffered by me or any contestant or representative in said meet as a representative of my club.

Signature: _____ Date: _____

(Coach, Club Representative, or Parent)

Volunteer Sheet

DCST is asking each team with 5 or more swimmers in a session to provide timers. If any officials on your team are willing to work the meet, please list their names and phone numbers along with which session(s) they can work. Please fill out the form below and return it with your entries.

OFFICIALS

Name: _____ Phone Number: _____

Session willing to work: _____

Name: _____ Phone Number: _____

Session willing to work: _____

Name: _____ Phone Number: _____

Session willing to work: _____

USA Swimming's SWIMS Database Informational Sheet

Any teams and / or swimmers wanting to have their times from the meet entered into the USA Swimming's SWIMS Database system must return this completed form with their entries.

Note - Teams with no USA Swimming registered swimmers do not need to fill out this form.

Team Name: _____

LSC: _____

USA Swimming Club Code: _____

If your team's swimmers swim unattached, please list club code as unattached.

1) Do all the swimmers on your team have a current USA Swimming Membership?

_____ Yes – Proceed to number 3

_____ No – Proceed to number 2

2) Please list the swimmers who do have a current USA Swimming Membership with their USA Swimming ID number. Use additional sheets if needed.

Swimmer's Name	USA Swimming ID number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3) If you have any swimmers who are considered unattached as far as USA Swimming is concerned, please list these swimmers below. Use additional sheets if needed.

Swimmer's Name	USA Swimming ID number
_____	_____
_____	_____
_____	_____
_____	_____

Credit Card Payment Form for DCST Pilgrim Plunge Entry Fees

Team Name: _____

Team Code: _____

Requestor's Name: _____

Requestor's Phone Number: _____

Billing Information

Name (As it appears) on Card: _____

Company Name: _____

Street Address: _____

City, State, Zip: _____

Card Information

Credit Card Number: _____

Card Expiration (mm/yy): _____

Card Security Code: _____

Email address to send receipt: _____

If you prefer to supply the last four digits of the credit card only, DCST will call you to get the rest of the number.