

Kishwaukee YMCA / DeKalb County Swim Team (DCST)

DCST Pilgrim Plunge Meet

November 9 & 10, 2024

Sanction #: TBA

MEET DIRECTOR

Kayleigh Kozlowski

Kishwaukee YMCA

2500 Bethany Road

Sycamore, IL 60178

(815) 756 – 9577

E-mail: kkozlowski@kishymca.org

ENTRY CHAIRPERSON

Paula Hastings

Email: pauladcst13@gmail.com

MEET REFEREE

Paula Hastings

SAFETY DIRECTOR

Aviva Brenner

Format

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 and remain still.

8 & Under Swimmers Only - There will be a bullpen area for 8 & under swimmers only.

1650 Free Saturday

Warm-ups: 7:30 AM

Meet Starts: 8:00 AM

Saturday AM: 8 & Unders and 13 & Overs

Warm-ups: Immediately upon the conclusion of 1650 Free

Meet Starts: 1 hour and 10 minutes following the conclusion of 1650

Positive check in will close 30 minutes before the start of the session

Saturday AM: 8 & Unders and 13 & Overs

Warm ups: 8:00-9:00 AM

Meet Starts: 9:10 AM

Positive Check-In closes: 8:40 AM

Saturday and Sunday PM: 9 to 12 year old

Warm ups: Immediately upon the conclusion of AM 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

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

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 or locker rooms.

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 9, 2024 will determine their age for the meet.

Entry Deadline Entries will not be accepted by the Entry Chairperson before Monday, October 1 at 9:00 AM. All entries must be received by Friday, November 1. 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 Form 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 printout copy of the entries, a signed release form, and a check for full payment of entries must be received within 96 hours of the receipt of the original email. DCST assumes no liability for the quality and receipt of the email. Email entries can be sent to:
pauladcst13@gmail.com.

Entry Fees Individual events: \$5.00 per event
Relay events: \$16.00 per relay
ISI Fee Charge: \$2 per swimmer
Facility Charge: \$13.00 per swimmer a max of \$26 per family will be charged

Entry Limitations Deck Entries will not be permitted. Each swimmer may enter a maximum of four events per day.

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 scored separately. These events will be awarded and scored in two age groups: swimmers ages 13 – 14 and seniors.

Awards Individual events: Custom medals for 1st through 8th place
Custom ribbons for 9th through 16th place
Relay events: Custom medals for 1st through 4th place
Custom ribbons for 5th through 8th 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 of 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.

The high school boys relays will NOT be scored. These relays are being run to give the boys the ability to get qualifying times for State.

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. 1650 Freestyle will be swum fastest to slowest, alternating between girls' and boys' heats.

Relay Events Relay cards will be included in the coach's packets. All relay cards 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.

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

Quality Inn

1475 S. Peace Road
Sycamore, IL 60178
815 – 895 – 4979
www.choicehotels.com

Baymont Inn & Suites

1314 W. Lincoln Hwy
DeKalb, IL 60115
815 – 748 – 7100
www.baymontinns.com

Best Western Sycamore Inn

1935 DeKalb Ave.
Sycamore, IL 60178
815 – 748 – 7400
www.bestwestern.com

Home2 Suites by Hilton

575 S. Annie Glidden Rd.
DeKalb, IL 60115
815-375-5465
www.hilton.com

Hampton Inn

663 S. Annie Glidden Road
DeKalb, IL 60115
815 – 748 – 4323
www.hampton.com

Order of Events

| Girls | Saturday 1650 Free, November 9 | Boys |
|--------------|---------------------------------------|-------------|
| 1 | Senior 1650 yard Freestyle | 2 |

| Girls | Saturday AM, November 9 | Boys |
|--------------|---------------------------------------|-------------|
| | 13 & Over Boys 200 yard Medley Relay | 3 |
| 4 | Senior 200 yard Freestyle | 5 |
| 6 | 8 & Under 100 yard Freestyle | 7 |
| 8 | Senior 100 yard Breaststroke | 9 |
| 10 | 8 & Under 25 yard Breaststroke | 11 |
| 12 | Senior 200 yard Butterfly | 13 |
| 14 | 8 & Under 50 yard Butterfly | 15 |
| 16 | Senior 100 yard Freestyle | 17 |
| 18 | 8 & Under 25 yard Freestyle | 19 |
| 20 | Senior 200 yard Backstroke | 21 |
| 22 | 8 & Under 100 yard Backstroke | 23 |
| 24 | Senior Mixed 400 yard Medley Relay | |
| | 13 & Over Boys 400 yard Medley Relay | 25 |
| 26 | 8 & Under Mixed 100 yard Medley Relay | |
| 27 | Senior 400 yard Individual Medley | 28 |

| Girls | Saturday PM, November 9 | Boys |
|--------------|--|-------------|
| 29 | 11 - 12 200 yard Freestyle | 30 |
| 31 | 10 & Under 200 yard Freestyle | 32 |
| 33 | 11 - 12 50 yard Breaststroke | 34 |
| 35 | 10 & Under 50 yard Breaststroke | 36 |
| 37 | 11 - 12 100 yard Butterfly | 38 |
| 39 | 10 & Under 100 yard Butterfly | 40 |
| 41 | 11 - 12 100 yard Freestyle | 42 |
| 43 | 10 & Under 100 yard Freestyle | 44 |
| 45 | 11 - 12 100 yard Backstroke | 46 |
| 47 | 10 & Under 100 yard Backstroke | 48 |
| 49 | 11 - 12 Mixed 400 yard Medley Relay | |
| 50 | 10 & Under Mixed 200 yard Medley Relay | |

| Girls | Sunday AM, November 10 | Boys |
|--------------|--|-------------|
| | 13 & Over Boys 200 Freestyle Relay | 51 |
| 52 | Senior 200 yard Individual Medley | 53 |
| 54 | 8 & Under 100 yard Individual Medley | 55 |
| 56 | Senior 100 yard Backstroke | 57 |
| 58 | 8 & Under 25 yard Backstroke | 59 |
| 60 | Senior 200 yard Breaststroke | 61 |
| 62 | 8 & Under 50 yard Breaststroke | 63 |
| 64 | Senior 50 yard Freestyle | 65 |
| 66 | 8 & Under 50 yard Freestyle | 67 |
| 68 | Senior 100 yard Butterfly | 69 |
| 70 | 8 & Under 25 yard Butterfly | 71 |
| 72 | Senior Mixed 400 yard Freestyle Relay | |
| | 13 & Over Boys 400 yard Freestyle Relay | 73 |
| 74 | 8 & Under Mixed 100 yard Freestyle Relay | |
| 75 | 8 & Under 50 yard Backstroke | 76 |
| 77 | Senior 500 yard Freestyle | 78 |

| Girls | Sunday PM, November 10 | Boys |
|--------------|---|-------------|
| 79 | 11 - 12 200 yard Individual Medley | 80 |
| 81 | 10 & Under 100 yard Individual Medley | 82 |
| 83 | 11 - 12 50 yard Backstroke | 84 |
| 85 | 10 & Under 50 yard Backstroke | 86 |
| 87 | 11 - 12 100 yard Breaststroke | 88 |
| 89 | 10 & Under 100 yard Breaststroke | 90 |
| 91 | 11 - 12 50 yard Freestyle | 92 |
| 93 | 10 & Under 50 yard Freestyle | 94 |
| 95 | 11 - 12 50 yard Butterfly | 96 |
| 97 | 10 & Under 50 yard Butterfly | 98 |
| 99 | 11 - 12 Mixed 400 yard Freestyle Relay | |
| 100 | 10 & Under Mixed 200 yard Freestyle Relay | |

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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 5:00 PM on Friday, November 1.

Name of Club: _____ Club Code: _____

Names of Coaches attending meet: _____

Name of person submitting entry: _____

Mailing Address: _____

Telephone #: _____ E-mail: _____

| | Number of Swimmers | Number of Entries | 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.