# **High School Preview and Age Group Meet**

## **Hosted by Great Lakes Sailfish Swimming**

Robert F. Busbey Natatorium, Cleveland State University, 2451 Euclid Avenue, Cleveland, OH 44115

### AM Session warm-ups will begin @ 7:30 AM

AM Session will begin at 8:20 AM

### PM Session warm-ups will not begin before 12:00 PM

PM Session will begin after the conclusion of a 45-minute warm up

Deck entries: Will be accepted on a space available basis for both sessions.

### **Coaches, Swimmers and Parents:**

- Warm-up lanes are assigned by team and differ by session (assignment on next page). All racing start warm ups will be done in the competition pool.
- Coaches will be responsible for getting their relay teams to the blocks.
- Both sessions of this meet are deck-seeded. All swimmers must circle in for all of their events. Circle in sheets will be posted on the pool deck.
- We will be conducting fly-over starts for both sessions.
- As a reminder, only swimmers entered in the meet, coaches, officials and official meet personnel will be allowed on deck.
- Please include signed CSU waiver forms (included in this meet information) for each athlete entered in the meet.

### **Additional Information:**

**Parking:** CSU charges for event parking (est. \$10 per day). Parking lots are available at the corner of Chester and E. 22<sup>nd</sup> Street or on Euclid Ave and E. 24th Street. City of Cleveland Meter parking is free all day Sunday on Chester Avenue. Cleveland State University Meter parking is available on a very limited basis. See campus map on last page.

Aquatic Outfitters our Swim Suit and Equipment Vendor will be onsite.

**Concessions** (the original CSU concession providers have returned) will be available on the main floor.

AM Session Warm up lanes			
TEAM	<u>Swimmers</u>	Pool	Lanes
GLSS	58	Shallow	1, 2, 3, 4
HEAT	56	Deep	1, 2, 3, 4
LESD	41	Deep	5, 6
SWIM	31	Deep	7, 8
LRST	27	Deep	9, 10
FAST	20	Shallow	5, 6
CSI	16	Shallow	7
STRS	14	Shallow	8
GO	10	Shallow	9
NEON	7	Shallow	10
MAC	5	Shallow	9
TCAT	5	Shallow	10
CFYN	3	Deep	10
LSSC	1	Shallow	4
***NOTE: Shallow pool lane 1 starts under scoreboard***			

## Warm up lane assignments: AM Session

## Warm up lane assignments: PM Session

PM Session Warm up lanes				
TEAM	Swimmers	Pool	Lanes	
LESD	72	Deep	1, 2, 3, 4, 5	
HEAT	49	Deep	6, 7, 8, 9	
GLSS	40	Shallow	1, 2, 3	
SWIM	34	Shallow	5, 6, 7	
CSI	17	Shallow	3, 4	
STRS	17	Shallow	8	
FAST	15	Shallow	9	
GO	12	Shallow	10	
LRST	12	Deep	9	
NEON	8	Shallow	7	
TCAT	8	Deep	10	
PS	7	Deep 10		
CFYN	4	Shallow	7	
KS	4	Deep	5	
SHSH	4	Shallow	10	
BYAC	3	Shallow 3		
MVP / MAC	2/1	Shallow	9	
*** NOTE: Shallow, lane 1 starts under scoreboard***				

#### **Cleveland State University**

#### **Release and Waiver of Liability**

As consideration for my participation in the \_\_\_\_\_\_\_, (the "event") I hereby for myself, family, heirs, executors, administrators and assigns waive, release and forever discharge Cleveland State University and its Board of Trustees, officers, employees and agents from any and all liabilities, demands, claims, damages, losses, costs (including attorney's fees), actions and causes of action arising out of or in connection with my participation in the above listed event and/or the use of Cleveland State University facilities, furnishings, or equipment during this event, except to the extent such liabilities, demands, claims, damages, losses, costs (excluding attorney's fees), actions and causes of action are attributable to the negligent actions of Cleveland State University or its Trustees, officers, employees, or agents while acting within the course of their employment, as set forth in Ohio Revised Code Section 2743.02. I also acknowledge that Cleveland State University and its Trustees, officers, employees and agents assume no responsibility for any bodily injury, death, loss, illness or accident to myself or others or damage to personal property which may arise out of my participation in this event.

I fully understand and hereby acknowledge that participation in this event involves many risks, including the risks of serious bodily injury and death. In consideration of being allowed to participate in the event listed above, I voluntarily accept and assume all responsibility for and risk of such personal injury arising from such participation.

I understand that any University personnel or agents participating in this event are not necessarily medically trained to care for any physical or medical problems that may occur during this event. I release all such personnel from any claim whatsoever on account of first aid or service rendered to me during my participation in this event.

By placing my signature below, I acknowledge that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of participating in this event. I attest and verify that I am 18 years of age or older, that I have had a recent physical examination and that I have no known health problems or conditions that could prevent me from successfully participating in this activity.

## IF APPLICANT IS LESS THAN 18 YEARS OF AGE, THE *PARENT'S CONSENT, RELEASE AND WAIVER OF LIABILITY ON* THE BACK OF THIS FORM MUST ALSO BE COMPLETED AND SIGNED.

Participant's Name (Please print)

Participant's Phone

Participant's Address

I have read and fully understand the entire **RELEASE AND WAIVER OF LIABILITY** and my signature below confirms my full understanding and voluntary acceptance of such **RELEASE AND WAIVER OF LIABILITY**.

Participant's Signature

Date

#### **Cleveland State University**

#### Parent's Consent, Release and Waiver of Liability

## IF APPLICANT IS LESS THAN 18 YEARS OF AGE, BOTH SIDES OF THIS FORM MUST BE COMPLETED AND SIGNED.

I hereby give my consent for my m	inor child,	to	participate in
(t	he "event")	. If my child becomes ill or is injured while participatir	ig in this event,
please contact either of the following:			
Daytime			

Name	Phone ()
Name	Phone ()
Evening	
Name	Phone ()
Name	Phone ()

In the event that reasonable attempts to contact the above-mentioned persons are unsuccessful or impractical, I hereby give my consent for emergency medical treatment to be administered to my child and/ or the transfer of my child to a treatment facility. I also release all such personnel from any claim whatsoever on account of first aid or service rendered to my child during participation in the event listed above.

I have read and fully understand the entire **RELEASE AND WAIVER OF LIABILITY**, including the paragraph relating to no known health problems or conditions and my consent to emergency treatment. In consideration for my child 's participation in the event listed above, I do hereby agree to assume all the risks and responsibilities surrounding such participation and do hereby also for and on behalf of myself, my minor child, my heirs, executors, administrators and assigns waive, release and forever discharge Cleveland State University, its Board of Trustees, officers, employees, and agents from any and all liabilities, demands, claims, damages, losses, costs (including attorney's fees), actions and causes of action arising out of my child's participation in this event.

Parent's/Legal Guardian's Signature		Date	
	(	)	
Parent's/Legal Guardian's Name (please print)	Parent's/Legal Guardian's Phone		

