



SECTION III

MIDWESTERN FORMS



Code of Conduct for Athletes

Each athlete must sign and date a copy of this code of conduct before participating in events where he or she represents Midwestern Swimming (e.g. Central Zone Championship or All Star Meet). If the athlete is under 18 years of age, the athlete's parent or guardian must also sign and date this code of conduct. The MWS Board of Directors recommends that clubs adopt a similar code of conduct as a condition of athlete membership on the club.

- I. The following provisions pertain to practices, meets, camps, meetings, and clinics where athletes represent MWS, in or outside the territory of Midwestern Swimming, Inc.
 - A. Athletes shall exhibit good sportsmanship, in and out of the pool.
 - B. Athletes shall follow rules; attend practices, competitions, and team events; and abide by the curfews and instructions as deemed appropriate by coaches, officials, and administrators.
 - C. Athletes shall show respect for all property.
 - D. Athletes shall behave in a responsible manner, and are prohibited from possessing or using alcohol, tobacco, illegal drugs, or banned substances. Fireworks are also forbidden.

- II. Failure to comply with this Code will result in any or all of these disciplinary actions.
 - A. An athlete may not be allowed to participate in any or all practices, meets, camp activities, team events, or meetings.
 - B. An athlete may be sent home at his or her own expense from the meet or camp.
 - C. An athlete and/or his or her family will be responsible for any damage cause by the athlete.
 - D. An athlete may be suspended from membership in MWS and USA Swimming.

- III. The MWS Board of Review is responsible for reviewing a written summary of alleged violations of this Code of Conduct, as well as any disciplinary actions that have been and/or may be take. Refer to the MWS Bylaws for proper procedures.

I agree to obey the Code of Conduct for Athletes. I understand that if I violate any provision of Part I, I will be subject to the disciplinary actions in Part II.

Signature of Athlete

Signature of Parent/Guardian (if 18 or younger)

Name of Athlete (please print)

Name of Parent/Guardian (please print)

Date

Date



Code of Conduct for Coaches

Each coach must sign and date a copy of this code of conduct before participating in events where he or she represents Midwestern Swimming, Inc (e.g. Central Zone Championship or the All Star Meet). The MWS Board of Directors recommends that clubs adopt a similar code of conduct as a condition of employment with the club.

- I. The following Code pertains to practices, meets, camps, meetings, and clinics where coaches represent MWS in or outside the territory of Midwestern Swimming, Inc.
 - A. Coaches shall follow sound principles of teaching, coaching, training, nutrition, rest, and prevention of injuries when planning practices, camps, and while coaching at meets.
 - B. Coaches shall provide and exhibit appropriate communication and motivation to encourage optimal performances and participation by the athletes.
 - C. Coaches shall display responsible actions and attitudes, follow rules, and encourage the same actions and attitudes in their athletes.
 - D. Coaches shall treat all athletes and officials fairly and with respect.

- II. Failure to comply with this Code will result in any or all of these disciplinary actions.
 - A. A coach may not be allowed to participate in any or all practices, meets, camp activities, team events, or meetings.
 - B. A coach may be requested to leave the aquatic facility and/or lodging for the duration of the event and return home at his/her own expense.
 - C. A coach will be responsible for any damage caused by him or her.
 - D. A coach may be suspended from MWS and USA Swimming.

- III. The Board of Review is responsible for reviewing a written summary of alleged violations of this Code of Conduct, as well as any disciplinary actions that have been and/or may be taken. Refer to the MWS Bylaws for proper procedures.

I agree to obey the Code of conduct for Coaches. I understand that if I violate any provision of Part I, I will be subject to the disciplinary actions described in Part II.

Signature of Coach

Name of Coach (please print)

Date



Code of Conduct for Officials and Administrators

Each official, member of the Board of Directors, or other administrator must sign and date a copy of this code of conduct before participating in events where he or she represents Midwestern Swimming Inc. (e.g. USA Swimming Convention or USA Swimming workshops and clinics).

- I. The following Code pertains to practices, meets, camps, meetings, and clinics where officials and administrators represent MWS, in or outside the territory of MWS.
 - A. Officials and administrators shall strive to insure a safe and healthy environment for all members of MWS, especially the athletes.
 - B. Officials and administrators shall consistently, accurately, and equitably apply rules, regulations, and codes of USA Swimming and MWS, and shall educate all members in the necessity of such.
 - C. Officials and administrators shall act responsibly and respectfully toward all participants (including athletes, coaches, parents, and spectators) at events, meetings, clinics, and competitions.
 - D. Officials and administrators shall make every effort to make meetings, competitions, events, and camps run efficiently so that participants can benefit from the sport of swimming.
- II. Failure to comply with this Code will result in any or all of these disciplinary actions.
 - A. An official or administrator may not be allowed to participate in any or all practices, meets, camp activities, or meetings.
 - B. An official may be requested to leave the aquatic facility and/or lodging, meeting, or camp for the duration of the event and return home at his/her expense.
 - C. An official or administrator is responsible for any damage caused by him or her.
 - D. An official may be suspended from MWS and USA Swimming.
- III. The Board of Review is responsible for reviewing a written summary of alleged violations of this Code of Conduct, as well as any disciplinary actions that have been and/or may be taken. Refer to the MWS Bylaws for proper procedures.

I agree to obey the Code of Conduct for Officials and Administrators. I understand that if I violate any provision of Part I, I will be subject to the disciplinary actions described in Part II.

Signature of Official or Administrator

Name of Official or Administrator (please print)

Date



Code of Conduct for MW Trip Chaperones

Each chaperone must sign and date a copy of this code of conduct before participating in events where he or she represents Midwestern Swimming Inc. (e.g. All Star trip and Zone trip).

- I. The following Code pertains to all activities where chaperones represent MWS, in or outside the territory of MWS.
 - A. Chaperones shall strive to insure a safe and healthy environment for all members of MWS, especially the athletes.
 - B. Chaperones shall consistently, accurately, and equitably apply rules, regulations, and codes of USA Swimming and MWS, and shall educate all members in the necessity of such.
 - C. Chaperones shall act responsibly and respectfully toward all participants (including athletes, coaches, parents, and spectators) at events, meetings, and competitions.
 - D. Chaperones shall make every effort to make the travel environment run efficiently so that participants can benefit from the sport of swimming.
- II. Failure to comply with this Code will result in any or all of these disciplinary actions.
 - A. A chaperone may not be allowed to participate in any or all practices, meets, or meetings.
 - B. A chaperone may be requested to leave the aquatic facility and/or lodging, for the duration of the event and return home at his/her expense.
 - C. A chaperone is responsible for any damage caused by him or her.
 - D. A chaperone may be suspended from MWS and USA Swimming.
- III. The Board of Review is responsible for reviewing a written summary of alleged violations of this Code of Conduct, as well as any disciplinary actions that have been and/or may be taken. Refer to the MWS Bylaws for proper procedures.

I agree to obey the Code of Conduct for Midwestern Trip Chaperones. I understand that if I violate any provision of Part I, I will be subject to the disciplinary actions described in Part II.

Signature of Chaperone

Name of Chaperone (please print)

Date



Conditions of Sanction Meet Host Responsibilities

- MAY 15** Submit meet request for next year's Long Course and the following Short Course seasons
- MAY 15** Submit meet flyers for all Short Course Meets for Pre-Sanction (\$100.00 late fee)
- Include signed Meet Sanction Request
- Include Sanction Fee
- DECEMBER 1** **Clubs with January meets MUST be registered for next year by Dec 1**
- After receipt of corrections Check for incorrect information and inform MW Office of problems.
- JANUARY 15** Submit meet flyers for all Long Course Meets for Pre-Sanction (\$100.00 late fee)
- Include signed Meet Sanction Request
- Include Sanction Fee
- After receipt of corrections Check for incorrect information and inform MW Office of problems
- 4 wks prior to meet (min) Distribute meet flyer to all clubs and have posted on MW Website
- 7 days prior to meet (min) **MUST** submit backup to MW Office or Registration Chair for swimmer registration verification - e-mail to **mwoffice@mwswim.org**
- within 48 hrs of conclusion of meet (preferable within 12 hrs of conclusion) Send electronic meet Backup to Midwestern Office
All meet hard copy (including results/program) must include in **Heading:**
Name of Meet and Host Club
Date of Meet and Location
Length of Pool
Midwestern Sanction #
Meet file must include:
Names for all relay swimmers
List of swim clubs attending with # of swimmers from each club
Name of referee
- within 5 days after meet Mail or email Coach Certification Form to Midwestern Office
- ADD all meet officials to OTS (Referee)
- within 15 days after meet Mail or email Meet Director's Post Meet Report to Midwestern Office
- within 15 days after meet Mail swimmer fee (\$6.50/\$4.00 (squad/duals/single session meet)/swimmer) to Midwestern Office
- Mail Financial Recap to Midwestern Office



Swim Meet Request Form

_____ Long Course (Summer) May – August
_____ Short Course (Winter) September-March

Complete this Meet Request for **each** sanctioned swim meet that your club proposes to host. This is **not a request for sanction**. The information supplied will be used to assist in planning and preparing the Midwestern Swim Meet Schedules for the next year’s seasons.

Upon receipt, Requests will be reviewed by the MWS Meet Scheduling/Sanction Committee for content, suitability, and meeting the needs of the swimmers in the LSC. Upon acceptance and approval, the meet may be scheduled during the requested season. The MWS Scheduling/Sanction Committee is charged with the responsibility of conducting a swimming program in the best interest of all USA Swimming swimmers within its jurisdiction.

Club requesting meet: _____
Meet Director Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email: _____
Meet Referee: _____

Proposed dates: _____ **Pool location:** _____

Did you run the same meet last year? Yes _____ No _____ On which dates: _____

Pool specifications: Length _____ # of Lanes _____
Depth at starting end at 1m _____ at 5m _____
Depth at turn end at 1m _____ at 5m _____

Pool is certified in accordance with USA Swimming policy 104.2.2C(4). Yes _____ No _____

Other information: _____

Type of Meet: Check all that apply

Length of Meet _____ Single Session _____ One day _____ Two Day _____ 2 1/2 Day _____ Other _____
A _____ Timed Finals _____ Age Group _____
BB+ _____ Prelim/Finals _____ Age Group _____
B+ _____ Meet Scored: Yes _____ No _____
B- _____ Types of awards: Ribbons: _____ Medals _____ Other _____
NTS _____ Recipients of awards _____
League _____ Presentation method _____
Dev _____
Other _____ Explain _____

Brief Description of what your club will provide and do to make this a great meet:

Brief Description of why your club should host this meet:

Will a facility fee be requested? ___ Yes ___ No
Facility Fee Request Form may be required when submitting Sanction Request. General Chair will review.

Person submitting bid: (Print name) _____ Signature _____
Email: _____ Phone _____

If possible, please attach proposed meet flyer along with the order and list of proposed offered events.
Return to mwoffice@mwsim.org or mail to MW Office, 1429 N Webster Ave, Hastings NE 68901



Application for Sanction

Date: _____

I, _____, apply on behalf of _____
for a Sanction to hold an open swimming competition (), time trial (), exhibition (), swim-a-thon (), or a
clinic () at _____ on _____ (date).

Our sanction fee for

Open Meet () \$50.00 (\$100.00 if after deadline date)

Open meet with time trials () \$75.00

Time Trials () \$50.00

Squad or dual meet () \$25.00 (\$50.00 if after deadline date)

and a copy of the event information are included with this application.

Also included is a complete schedule of lanes and times for all warm-up procedures which must be adhered to by all participants.

As a condition of obtaining such a sanction, I and the above organization which I represent agree to abide and govern this event under the rules and regulations of USA Swimming, Inc. and Midwestern Swimming, Inc and all other terms and conditions upon which this sanction may be granted. These terms specifically include all local rules and regulations and those set forth in Article 202 of the current edition of USA Swimming Rules and Regulations, with specific reference to Article 202.4.8 thereof, which provides that:

In granting this sanction it is understood and agreed that the USA Swimming shall be free from any liabilities or claims for damages arising by reason of injuries to anyone during the conduct of the event.

Officials: Officials for this meet will be qualified persons as certified by USA Swimming and Midwestern Swimming or any other LSC, and be a currently registered non-athlete member of USA Swimming. The Meet Referee and the Administrative Official will be listed in the meet information and will be currently registered non-athlete members of USA Swimming with current certifications as of the day of the meet.

Signed: _____
Club President Date

Signed: _____
Club Representative Date

Return sanction to: _____

Address: _____

City, State, Zip _____

Phone: _____

Email: _____

Mail Application to: Midwestern Swimming
1429 N Webster, Hastings NE 68901-2950
mwoffice@mwsim.org



Facility Fee Request Form

Facility Fees – Requests for higher fees (based on facility costs) must be submitted to the MW Office using the facility fee request form if required. The request must be submitted with meet flyer, sanction application and sanction fee. \$0.00 - \$8.00 for regular meets; \$0.00 - \$10.00 for P/F meets; \$10.00-\$15.00 with consent of Sanction Committee (must submit form for \$10.00-\$15.00 request). (MWS Policy effective 01/01/19)

If your club is requesting a Facility Fee for a scheduled meet, please return this form with the Sanction Fee, Sanction Request and the Meet Flyer to the Midwestern Office by the due date (May 15 for the Short Course Meets, January 15 for the Long Course Meets).

The Facility Fee Request will be reviewed by the MW General Chair and the Sanction Committee.

Meet: _____ **Date of Meet:** _____

Estimated swimmers = _____

Facility Name and Address: _____

Club Contact Name and Email: _____

Estimated Facility Related Expenses:

Pool Rental	\$ _____
Building/Room Rental	\$ _____
Lifeguard/Pool Operator	\$ _____
Janitor/Custodian	\$ _____
Timing System	\$ _____
Equipment Operators	\$ _____
Other (Specify) _____	\$ _____
Other (Specify) _____	\$ _____
TOTAL PROJECTED FACILITY RELATED EXPENSES	\$ _____

Facility fee per swimmer requested \$ _____

Return form to:

Midwestern Office
1429 N Webster Ave
Hastings NE 68901
mwoffice@mwsim.org



Midwestern Swimming Inc Request for Meet Approval

Meets requiring approval will **require a minimum 6 week advance application OR prior to announcement of said meet as an approved meet if said announcement is distributed earlier. A \$25 application fee (\$50 if less than 6 weeks) will also be required.** Such meets include all YMCA meets and meets (other than HS, college or masters meets) not sanctioned by Midwestern but **conducted in accordance with USA Swimming technical rules.**

This completed form and a copy of the meet information (Word document) along with the appropriate fees must be filed with the MW Office and will be forwarded to the MW General Chair for review.

Times for those swimmers registered at the time of the swim with USA ID numbers in the meet file will be uploaded to SWIMS subject to proof that conditions at the meet were in conformance with the required procedures and pertinent USA Swimming Rules and Regulations.

Name of Meet: _____ Name of Facility: _____

Date(s) of Meet: _____ Meet Director: _____

Name of person filing this request: _____ Email: _____

Is this meet on the regular, published calendar? Yes No

Type of Meet: YMCA Other

Course: Long Course Meters Short Course Yards Short Course Meters

Approx. number of teams participating _____ Approx. number of swimmers participating _____

- Both USA Swimming athlete members and non-USA Swimming athlete members may participate.
- The meet will be conducted in accordance with USA technical rules.
- Timing systems will conform to the conditions specified in 102.17 – USA Swimming Rules & Regulations.
- All officials will be USA certified officials.
- The meet is a Y meet and the officials may be USA Officials or Y Officials. (No competition will be approved unless a sufficient number of officials, certified at a minimum of Stroke and Turn level, are present to observe and certify that the conduct of competition and all times achieved in the competition are in conformance with all applicable USA Swimming technical rules including start, individual stroke and relay rules, entry limit per day, swimwear restrictions, timing rules and minimum standards for facilities (202.4.6). In lieu of an Administrative Official or second referee to comply with 102.10, a Level II Y certified official designated to fulfill the position of Administrative Official may be used. **Requirements listed in 202.6.6 shall be included in all meet announcements.**
- The meet referee, or LSC designee, will provide swimmers and coaches with information about the approval program. Times for swimmers registered at the time of the swim and with USA ID# in the meet file will be uploaded to SWIMS.
- A copy of the meet information is attached.
- A \$25 application fee is enclosed.
- Names and phone numbers of those who will serve as officials:
 - 1) _____, Referee
 - 2) _____, Starter
 - 3) _____, Stroke & Turn
 - 4) _____, Stroke & Turn

In submitting this application I agree to the following terms.

- In granting this approval it is understood and agreed that USA Swimming and Midwestern Swimming Inc. shall be free and held harmless from any liabilities or claims for damages arising by reason of injuries to anyone during the conduct of this meet.
- In granting this swim meet approval, _____ (Club) has agreed to comply and enforce all health and safety mandates and guidelines of USA Swimming, Midwestern Swimming, the State of _____ (State) and _____ (local jurisdiction).
- Meet results will be submitted to the Midwestern Swimming office and the meet file must include Last Name, First Name, Middle Initial, Birthdate, and correct USA ID numbers for all USA registered swimmers.
- Times for swimmers registered at the time of the swim and with USA ID# in the meet file will be uploaded to SWIMS.

Signature of Applicant

Date



Standardized Meet Information

All meet flyers/announcements will include a header on all pages with the following information:

Meet Name (Including type of meet – A, BB+, B-, etc or NTS)

Host Club

Date of Meet

- SANCTION:** “Held under the Sanction of USA Swimming and Midwestern Swimming
Sanction #MWS_____”
“It is understood and agreed that USA Swimming shall be free from any liabilities or claims for damages arising by reason of injuries to anyone during the conduct of the event.”
- LOCATION:** Facility Name, address of pool (include directions when possible)
- POOL:** Description (depth at starting end at 1m and 5m, depth at turn end at 1m and 5m, blocks, lane ropes, timing system)
Course, indoor or outdoor, number of lanes, type of lane lines, special pool characteristics
“The competition course has (not) been certified in accordance with 104.2.2C(4)”
- FACILITY:** Spectator facilities: “A spectator fee of _____ will be charged per day/session; children under 5 _____ (charge or free).” OR “There will be NO spectator fees charged.” Describe seating for spectators.
Medical supervision available: List what the host team has available at meet location. Example: “Certified lifeguards will be present at all times. An AED, emergency telephone, and first aid kit are available in the pool area. Rescue equipment includes backboards with neck immobilizers, rescue tubes, and a shepherd's crook .Host does not offer athletic trainers or rehabilitation facilities. Ice is available for injuries.” (First Aid Kits and ice for any injuries are highly recommended but not required.)
Aquatic facility safety requirement, glass statement, food limitations, areas of limited access, etc.
“(Name of Club) reserves the right to remove from the premises any individual who might jeopardize safety and facility privileges.”
“Use of audio or visual recording devices, including a cell phone, is not permitted behind the blocks, in changing areas, rest rooms, or locker rooms.”
“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.”
Statement regarding gender specific facilities and gender neutral facilities; where located and availability; or a statement regarding the lack of the gender neutral facilities because of age of facility. List Contact for information.
- SCHEDULE:** “Warm-Up Time: (time)”
“Meet Start Time: (time)”
- MEET DIRECTOR:** “(Name)” “(Telephone numbers)” “(Email addresses)”
- OFFICIALS:** “Meet Referee: (name), (email), (phone)”
“Admin Official: (name), (email), (phone)”
“Meet Marshals: (names)” ; Minimum one (1) male, one (1) female; (must have done the Marshal Training); if large meet, meet with two pools, or championship meet list four (4), both male and female, who have done the Marshal Training.
- MEET FORMAT:** “Prelim/Final or Timed Finals; age groups; Championship; Invitational”
- DISABILITY SWIMMERS:** “Athletes with a disability are welcomed and shall provide advance notice of desired accommodations to the Meet Director. The athlete (or the athlete’s coach) is also responsible for notifying the Deck Referee of any disability prior to competition.”
- RULES:** “Current USA Swimming Rules and Midwestern Rules will govern this meet. 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.”
- CREDENTIALS:** “Presentation of coach’s membership credentials will be required at coach sign-in. Credentials shall be available at all times. The USA Swimming App is acceptable proof of USA Swimming membership.”
“In accordance with MWS Policy, only those coaches who hold current, valid USA Swimming credentials will be permitted to act in a coaching capacity at this meet. Coaches who do not possess these credentials will be required to leave the deck area.”

ELIGIBILITY: "All swimmers, coaches and clubs must be currently registered with USA Swimming."
"The age of the swimmer on (first day of meet) determines his/her age for the entire meet."
"Athletes who appear as unregistered on the first pre-meet recon must register with USA Swimming immediately. A second pre-meet recon will be run 4 days prior to the start of the meet and any unregistered MW athlete that appears on that list must register with USA Swimming. The entering club will be billed \$30.00 late fee and must provide proof of registration before athlete is allowed to swim in the meet."
List any other descriptions or discerning factors which determine the target audience of athletes.
List eligibility requirements for athletes (age group, league member, meet participation requirements).
"Relay-only swimmers must be included on the entry roster and MW splash fee paid to be eligible to participate." (If relays)
List specifics regarding qualification (time qualification etc)
"Late entries and deck entries (if accepted) will require proof of USA Swimming registration."
"Any swimmer entered in the meet, unaccompanied by a USA Swimming member coach, must be certified by a USA Swimming member coach as being proficient in performing a racing start or must start each race from within the water. It is the responsibility of the swimmer or the swimmer's legal guardian to ensure compliance with this requirement."

FINES: List fines if appropriate.

ENTRY LIMITS: "A swimmer may participate in ____ (number) individual events and ____ (number) relay events per day." (6 maximum individual and 2 relays per day for timed final events; 3 maximum and 2 relays per day for prelim/final events) Club maximum entries if appropriate.
(If appropriate) "The 4-hour rule will be applied. The host will accept no further entries for a session with 12 & Under swimmers where a 4-hour projected time limit is reached. The Meet Director reserves the right to limit events, heats, teams, and swimmers to conform to the 4-hour time limit (205.3.1F). Teams will be notified of any and all necessary adjustments."

EVENT FEES: Maximum fees currently allowed:
TF meet: \$4.00/individual, \$8.00/relay, \$8.00 max program charge
Inter-squad/Dual Meet: \$3.00/individual event
P/F meet: \$6.00/individual, \$12.00/relay, \$3.00 per session/\$12.00 for entire meet max program charge
Championship Challenge (Qualifier): \$5.25/individual, \$12.00/relay (if held)
MW Champs: \$6.50/individual, \$18.00/relay, \$3.00 per session/\$16.00 for entire meet max program charge (fees may be higher for specific facilities – host must request in writing to General Chair – max \$10.00)
\$6.50 per swimmer – Midwestern Splash Fee; \$4.00 for squad/dual/single session meet MWS Splash fee

ENTRY PROCEDURE: "Entries may be submitted either in electronic format (electronic entry file with hard copy) or via email for unattached swimmers. A check for the entry fees must accompany all entries. Any swimmer in relays only will be listed on the roster and the MW Splash Fee (\$6.50) paid for that swimmer. Make checks payable to _____. NO REFUNDS (or refund policy)."
"Any entries submitted electronically will be acknowledged within 24 hours of receipt."

ENTRY DEADLINE: "DEADLINE FOR RECEIPT OF ENTRIES IS (date)" (10 days prior to the meet start is earliest and latest deadline permitted).
Statement regarding late entries – at discretion of Meet Director, no late entries, double fees for late entries, etc (with current registration issues (2023) prefer NO late entries)
"Psych sheets will be sent to club entry chair within 24 hours of entry deadline." Indicate time for corrections.
Statement regarding deck entries if accepted – "Deck entries will be accepted in the order received (for swimmers already in the meet) to fill open heats/lanes only. No additional heats will be added."

ENTRY CHAIR: "(Name – Email)" "(Phone)"
"(Address)"
"(City State Zip)"

COACH MEETING: Times and location of coach meeting.

GENERAL MEET Include type of seeding (deck / pre-seeded)

CONDUCT: "Fly-over start procedure may be used (will NOT be used) at the discretion of the Meet Referee."
Statement regarding finishes (into touch pads, etc)
Include procedure for individual and distance events (swum fastest to slowest/# of heats in finals if applicable).
Check-in and scratch procedures (positive check-in required/which events/when/where). (Midwestern Scratch Rules may be referenced – MWS Policies and Procedures 8.5.12)
Relay entry procedure (name of swimmer on cards/when to meet management/etc)

Penalties for violation of procedures (if applicable)

Statement regarding exhibition swimming.

WARM-UP Use MWS Safety Guidelines for model. (MWS Policies and Procedures 8.6)

PROCEDURES: "MWS Safety and Warm-up procedures will be in effect. Marshals will be present throughout warm-ups and competition, and have the authority to remove, with the concurrence of the Meet Referee, any swimmer, coach, or club for the failure to follow the safety rules."

TEAM "Deck changes are prohibited."

SUPERVISION: "Each team must provide an adult with non-athlete USA Swimming membership to supervise the swimmers in the **on-deck** team area at all times. Only registered coaches, swimmers, and officials will be allowed on deck."

SCORING: State method used (see USA Swimming rules 102.25)

AWARDS: Individual A / B/ etc (state type of award, # of places) Mementos?

Relay (type, # of places)

Individual High Point (if applicable)

Team awards; How distributed

MEET RESULTS: Available when and how at meet.

"Meet results will be posted and will be available electronically on the MW website within 48 hours of the meet conclusion – www.mwswim.org."

PHOTOGRAPHY "The MWS Photography Policy will be followed (MWS Policies and Procedures 8.5.15). Photographers taking pictures must adhere to MW policies and have advanced, written permission from the Meet Director or the Meet Referee to be on deck."

GENERAL Information pertaining to but not limited to: Hospitality, concessions, programs, swim shops, request for meet help, clinics included at the meet, etc.

HOTELS: Hotel information for traveling clubs (if appropriate)

Items listed in quotes are required verbiage for all meet announcements.



Official Sanction

Sanction Number: _____

Sanction Fee Paid: \$ _____ Check No: _____ Dated: _____

Midwestern Swimming, Inc., has approved _____'s

application for sanction to hold an amateur swimming event consisting of a _____

_____ at _____ on _____,

under the following requirements and conditions as listed in the current edition of the USA Swimming Rules and Regulations and the current Midwestern rules and regulations.

Requirements: Article 202.4

- * In granting this sanction it is understood and agreed that USA Swimming shall be free from any liabilities or claims for damages arising by reason of injuries to anyone during the conduct of this event. (Article 202.4.8)
- * The LSC shall also require the organization to which a sanction has been granted to file within 15 days (MW) after the event, a financial statement setting forth all receipts and disbursement in connection with the sanctioned event. The LSC may at any time require the organization to furnish, within 15 days after written request, all receipts and vouchers relating to the sanctioned event. No sanction to hold any athletic event of any kind shall thereafter be issued to an organization that has failed or refused to file with the LSC any statement or affidavit required on any subdivision of section 202.2 until the statement or affidavit is filed, or until such time as the LSC may determine. (Article 202.4.10, A,B,C)

Conditions: Article 202.5

Miscellaneous:

1. All rules and regulations of USA Swimming, Inc. and Midwestern Swimming, Inc. shall be complied with and enforced.
2. All negotiations for the entry of any athlete shall be with his school or club or if unattached, through MWS.
3. This sanction does not permit broadcasting by radio or television of this event without the permission of Midwestern Swimming, Inc. and/or USA Swimming, Inc.
4. This sanction is not transferable.
5. USA Swimming, Inc. and Midwestern Swimming, Inc. shall be free and harmless from any and all liabilities or claims and damages arising by reason of injuries to anyone during the conduct of this event.

Date: _____ Signed: _____

General Chair

Midwestern Swimming, Inc.
1429 N Webster
Hastings, NE 68901



Meet Approval

Approval Number: _____

Sanction Fee Paid: \$ _____ Check No: _____ Dated: _____

Midwestern Swimming, Inc., has APPROVED _____'s

application for approval to hold an amateur swimming event consisting of a _____

_____ at _____ on _____,

under the following requirements and conditions as listed in the current edition of the USA Swimming Rules and Regulations and the current Midwestern rules and regulations.

Requirements: Article 202.4

* In granting this approval it is understood and agreed that USA Swimming shall be free from any liabilities or claims for damages arising by reason of injuries to anyone during the conduct of this event. (Article 202.6.6.C.)

Conditions: Article 202.5

Miscellaneous:

1. Current USA Swimming rules and organization (YMCA) rules shall be complied with and enforced.
2. Both USA Swimming athlete members and non-USA Swimming athlete members (YMCA) may participate.
3. Sufficient officials, either USA Swimming or YMCA, will be present to observe the competition and attest to the application of USA Swimming technical rules.
4. This approval is not transferable.
5. This approval may be withheld or withdrawn by Midwestern if the competition was not conducted in accordance with the above requirements.
5. Meet results which include the correct USA Swimming ID numbers for USA registered swimmers are to be submitted to the Midwestern Swimming Office within 48 hours of meet conclusion.

Date: _____ **Signed:** _____

General Chair

Midwestern Swimming, Inc.
1429 N Webster
Hastings, NE 68901



Swim Meet Financial Summary

Name of Swim Meet _____
 Sponsoring Club _____
 Date of Meet _____ Sanction Number _____

Income

Individual entry fees	_____ @ _____	\$ _____
Individual entry fees P/F	_____ @ _____	\$ _____
MW Swimmer fee	_____ @ \$6.50/\$4.00	\$ _____
Facility Fee	_____ @ _____	\$ _____
Relay entry fee	_____ @ _____	\$ _____
Meet Advertising		\$ _____
Net income concessions		\$ _____
Other Income	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Total Income		\$ _____

Expenses

Midwestern swimmer fee _____ swimmers @ \$6.50/\$4.00	\$ _____
Pool rental	\$ _____
Awards	\$ _____
Printing – programs, final results	\$ _____
Postage	\$ _____
Rentals: - Timing System etc	\$ _____
Other:	\$ _____
	\$ _____
Miscellaneous	\$ _____
	\$ _____
Total Expenses	\$ _____
Net Revenue	\$ _____

Post Meet Checklist:

- Meet Manager backup file to MW Office- mwoffice@mwswwim.org – within 24 hours of meet conclusion
- Coach Sign-in sheets to MW Office – within 24 hours of meet conclusion (scan and email)
- Financial Report with Splash Fee to MW Office – within 15 days of meet conclusion
- Meet Director’s Post Meet Report to MW Office – within 15 days of meet conclusion
- Officials Posted to OTS– within 15 days of meet conclusion

Mail all forms/fees to Midwestern Office, 1429 N Webster Ave, Hastings NE 68901 OR

Email forms to mwoffice@mwswwim.org



Meet Director's Post Meet Report Timeline Report

Date of Meet _____ Sanction Number _____

Name of Swim Meet _____

Sponsoring Club _____

Meet Director _____ Meet Referee _____

Compare actual start and finish times of each session to the planned timeline for each session.

	Timeline Start	Actual Start	Timeline End	Actual End	Reason for delay (if applicable)
Session 1					
Session 2					
Session 3					
Session 4					
Session 5					
Session 6					
Session 7					
Session 8					
Session 9					
Session 10					

Were any entries from teams (full or partial) not accepted due to exceeding either meet numbers limit or timeline? Yes _____ No _____

If yes, number of teams _____ Number of Swimmers _____

Were any changes made to the meet format to accommodate additional swimmers?

Yes _____ No _____

If yes, please explain.

Would you change anything with this meet format for next season? Yes _____ No _____

If yes, please explain.

Additional comments regarding the meet.

**Return to the Midwestern Office, 1429 N Webster Ave, Hastings NE 68901
or email to mwoffice@mwsim.org**



**Meet Director's Post Meet Report
Meet Marshal Report**

Date of Meet _____ Sanction Number _____

Name of Swim Meet _____

Sponsoring Club _____

Meet Director _____ Meet Referee _____

Minimum two (2) trained marshals (male and female) are needed for a Timed Final Session.
Minimum four (4) trained marshals (male and female) are needed for a Prelim/Final Session.
Please indicate whether session is a TF session or a P/F session.

Session 1:	Session 2:	Session 3:	Session 4:

Session 5	Session 6	Session 7	Session 8

Session 9	Session 10

I do hereby certify that the above listed marshals did take the Meet Marshal training and were present and working in the capacity of Meet Marshal at the session in which they are listed.

Signature of Meet Director

Date

**Return to the Midwestern Office, 1429 N Webster Ave, Hastings NE 68901
or email to mwoffice@mwsim.org**



Verification Request Form / Request for Use of Observation

Submit form ONLY if you are not sure about meet observation and want to make sure times are posted.
Results for all currently registered swimmers with USA ID numbers in the results database will be posted automatically to SWIMS (NO request needed) — if this is an “observed” meet and if the ID numbers are in the database.

Swimmer’s Name: _____

Address: _____

Home Phone: _____

School: _____ USA Swimming Team: _____

LSC: _____ ID#: _____

Meets observed:

Meet: _____

Meet: _____

Date: _____

Date: _____

Location: _____

Location: _____

Events swum:

For Official’s use only:

Date request received: _____

Official Swim Time: Event 1: _____ Time _____

 Event 2: _____ Time _____

Verification Signature: _____

Submit Form to (NO FEE):

Midwestern Swimming, Inc
1429 N Webster Ave
Hastings, NE 68901



Request for Use of Observed Times Multi-request form

Submit form ONLY if you are not sure about meet observation and want to make sure times are posted.
Results for all currently registered swimmers with USA ID numbers in the results database will be posted automatically to SWIMS (NO request needed) — if this is an “observed” meet and if the ID numbers are in the database

Date: _____ Name of Meet: _____ LC SC

Coach Name: _____ Club: _____ LSC _____

Address: _____

City _____ State _____ Zip _____

Last Name, First, MI	USS #-required	Event	Sex	Time

Submit Form to **(NO FEE)**:
Midwestern Swimming, Inc
1429 N Webster Ave
Hastings, NE 68901



Application for Midwestern Record

Name of Athlete **Age** **Birthdate** **Sex**

Street Address **City** **State** **Zip**

USA Swimming ID # **LSC**

Club **Coach**

Event: Distance _____ Yards/Meters _____

Stroke _____ Time: _____

Name of Meet _____ Date of Meet _____

Location of Meet _____ Host LSC _____

If a Relay, list names, ages, USA Swimming ID #'s for all 4 swimmers.

Name USA Swimming # _____

Name USA Swimming # _____

Name USA Swimming # _____

Name USA Swimming # _____

Signatures:

Meet Referee Date _____

Meet Director Date _____

The signatories certify that the applicant is a member of USA Swimming and that the reported time conforms to USA Swimming regulations.

Mail to: Midwestern Swimming
 1429 N Webster
 Hastings NE 68901



Entry Roster

Team Name _____

Abbrev _____

Meet Name _____

Date _____

Coach _____

Phone _____

Name	M	F	#				
ID#			Age:				
Name	M	F	#				
ID#			Age:				
Name	M	F	#				
ID#			Age:				
Name	M	F	#				
ID#			Age:				
Name	M	F	#				
ID#			Age:				
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Name	M	F	#				
ID#			Age:				
Name	M	F	#				
ID#			Age:				
Name	M	F	#				
ID#			Age:				



Meet Officials Sign-In Sheet

Midwestern Swimming, Inc.
 1429 N Webster Ave
 Hastings, NE 68901

Name of Meet: _____ Location: _____

Session: _____ Date: _____

<i>POSITION</i>	<i>NAME (Print Legibly)</i>	<i>CLUB</i>	<i>INITIALS</i>
Meet Referee			
Deck Referee			
Starter			
Chief Judge			
Timing System Operator			
Admin Referee			
Admin Official			
Timing Judge			
Head Timer			
Announcer			
Stroke & Turn Judges			

Meet Director: _____

**Meet Referee will put all officials with appropriate session numbers
 in the USA Swimming Officials' Tracking System (OTS).**



Information Form for Disabled Swimmers

Name: _____

Address: _____

Age and Birth date: _____

Events to be swum: _____

Type of Disability:

Blind _____ Mentally disabled _____ Deaf _____ Physical _____

Other _____

Extent of Disability: Be specific, e.g. totally or partially blind, totally or partially deaf, loss of one or more limbs, multiple disabilities, etc.

The following person(s) will accompany the swimmer for any needed assistance.

Type of medication: _____

Purpose of Medication: _____

Parent's or Guardian's Name: _____ Phone: _____

Parent's or Guardian's Signature: _____

Athlete's Signature: _____

Physician's Name (Print): _____

Physician's Address: _____

Physician's Phone Number: _____

I have examined the above entrant and, in my opinion, there is no mental or physical reason why he or she should not participate in USA Swimming competition.

Physician's Signature: _____ Date: _____



Application for Athlete Travel Reimbursement

The MW Application for Travel Reimbursement will be an online GoogleForm with links on the Midwestern Website on the Athlete Page. [Midwestern Swimming - Athletes \(teamunify.com\)](http://MidwesternSwimming.com)

The Meet Types available for reimbursement are:

Olympic Trials, International Team Trials, National Championship; US Open; USA Swimming Junior Nationals; TYR Pro Meet; USA Swimming Futures Meet; Speedo Sectional Meet and Central Zone Open Water Championship.

Required Information will include:

Individual Events Entered: Must list events. Must qualify for and swim in an individual event or be a member of a qualifying relay.

Travel Expenses:

The maximum reimbursement available will be based on the guidelines in the current MWS Policies and Procedures:

\$1000 for Olympic Trials; \$500 for International Team Trials, National Champ/US Open/USA Swimming Junior Nationals; \$200 for TYR Pro Meets (max 3 per year, policy reviewed annually), \$200 for USA Swimming Futures Meet (policy reviewed annually), \$100 for Speedo Sectionals and Central Zone Open Water Championship

Must List all **travel expenses** incurred and not reimbursed by other organizations.

Must Attach receipts for TRAVEL expenses; no reimbursement will be made without proven expenses/receipts (only need receipts to cover maximum reimbursement).

Maximum annual reimbursement per athlete - \$1200.00 with the exception of an Olympic year and an additional \$1000 will be available for Trials athletes.

Financial Aid Recipient Qualifications:

1. Must be currently registered with Midwestern Swimming
2. Will list current Club
3. Collegiate team swimmer and active member of MWS Club and either a former age group member of MWS or in second long course season as a MWS Member; Will list College
4. Must have been entered in, swum in, and met all financial obligations for **at least three (3) Midwestern (MWS) sanctioned meets within the previous 12 months, either one (1) Short Course Yards meet and two (2) Long Course Meters meets OR two (2) Short Course Yards meets and one (1) Long Course Meters meet.**
Applicant will be required to list the required meets.
5. Resident of MWS area for 12 months or moved into the area with the intent of establishing permanent residence. (Aid is not available during the 60 day unattached period, nor is aid available during the first season (SC or LC) of MWS participation.)
6. Must qualify and swim in an individual event or be a member of qualifying relay (**Relay only swimmers – one fourth (¼) of individual reimbursement**)
7. Must not receive reimbursement for the same expenses from two organizations.
8. Will list current coach on application.

Payments will be made to person listed in the application and mailed to the address listed in the application.

Due Dates: Applications for Short Course season are due by May 31 and Long Course Season by August 31.

!



Application for Midwestern Scholarship Funds

Please use this form to apply for Scholarship Funds for higher level travel meets. These funds may be available in addition to the funds Midwestern already pays for proven expenses for those meets.
Eligible meets: All Star, Zone, Sectional, Futures, TYR Pro, Juniors, Nationals/Open, Trials.

Name of Applicant: _____ Email: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

USA Swimming ID Number: _____ Date of Birth: _____ Age: _____

Parent/Guardian(s) Name(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Current Swim Club: _____ Club Contact/Coach Phone: _____

Meet: _____ Location: _____ Date: _____

Cost of Meet: _____ Amount able to pay: _____ Amount Requested: _____

Explanation of Need: _____

Outreach Athlete: Yes No

Eligible for Free Lunch: Yes No

Coach Recommendation: _____

Signature of Parent/Guardian

Signature of Swimmer's Coach



Return Form to:
 Midwestern Office
 1429 N Webster Ave
 Hastings NE 68901
mwoffice@mwswim.org
 402.462.594

TRAVEL REIMBURSEMENT EXPENSE REQUEST

Mail To:
mwoffice@mwswim.org

Name (Print) _____
 Address _____
 City, State, Zip _____

Date _____
 Office _____

Midwestern Office
 Midwestern Swimming, Inc
 1429 N Webster Ave
 Hastings NE 68901

NOTE: Please attach receipts for all expenses other than mileage.

**Date	Reason and Destination	Breakfast	Lunch	Dinner	Meals	Lodging	Mileage	*Other	GL Code
Totals									
						Grand Total			

*Give explanation of expenditures for "Other" Column

**Record all expenditures by day

Requested by: _____
 (signature)

Office Use Only		

Expenses submitted later than 60 day after incurred will NOT be reimbursed.



Outreach Meet Entry Reimbursement Request

The MW Application for Outreach Meet Entry Reimbursement will be an online GoogleForm with links on the Midwestern Website on the MW Redbook Page.

<https://www.mwswim.org/page/mwinfo/mw-redbook>

Reimbursement requests are only accepted from Club personnel (not parents). Reimbursement will go to the requesting club. Requests should be made within 21 days following the meet.

Reimbursement of 75% of costs will be made for the following:

- Individual event fees
- Splash fees
- Facility fees
- NO reimbursement will be made for relay entries

Information required will be the following:

- Meet Name
- Meet Date
- Name of Athlete
- Number of events swum by athlete
- Club Requesting Reimbursement
- Who to make checks payable to
- Mailing address for Check (street or PO Box)
- City, State, Zip
- Name of person requesting reimbursement
- Email of person requesting reimbursement