Dear Coach:

The 2005-2006 swimming season is here, and the St. Ignatius Wildcats would like to extend a warm welcome to all who are interested in competing in the 31st Annual Viking Invitational Meet. We regularly attract teams throughout the state of Ohio and beyond, and we are looking forward to another great meet this year.

In an effort to maintain the tremendous success the Viking Invitational has enjoyed in past years, please read the following details closely:

✓ <u>Limited Entries</u>. The qualifying times for this meet remain the same, but we are limiting entries to the **first 600 swimmers**, properly entered and paid. We will begin taking entries **November 4th**. The meet entry deadline is **December 10, 2005**. Late or deck entries will not be accepted.

✓ **Bonus Events**. Because the number of swimmers will be limited, we are extending the option for qualified swimmers to participate in **at least two individual events**. For example, if you have a swimmer who has only qualified in the 100 backstroke, that swimmer will be allowed to enter an additional "bonus" individual event even if the swimmer has not met the qualifying standard for that event. The swimmer will be entered in the bonus event at "No Time" and will swim in the first heat of the event.

✓ **<u>Relay-Only Swimmers</u>**. We have cut the cost of relay-only swimmers to \$8.00, regardless of how many relays the swimmer participates on. Relay-only swimmers will not be permitted to enter bonus individual events.

✓ **<u>Finals</u>**. The ten fastest swimmers and relay teams will qualify for finals. There will also be consolation finals for each individual event <u>except</u> the 500-yard freestyle events. There will be <u>no</u> consolation finals for relays.

✓ <u>Diving</u>. The diving competition will take place immediately after completion of the swimming prelims. Diving will be limited to18 boys and 18 girls competing with an 11-dive format, with cuts after the preliminary and semi-final rounds.

Please completely and legibly fill out the enclosed entry forms to assist us in planning and running a first-class meet for your swimmers. We encourage you to submit your entries in the HyTek Team Manager format. See the meet notice for details.

Meet information is also available on line at <u>www.stigswim.org</u> (look for the Viking link).

If you have any questions, please feel free to contact:

Kim Giberson	(440) 572-1604	kim_giberson@csa1.net
Sean Quinn	(216) 291-9217	seangolf23@yahoo.com
Jonathan Hurs	st (440) 655-0581	jhurst59@sbcglobal.net

We hope to see you on December 17, 2005. We wish you the best of luck during the upcoming season!

31st Annual Viking High School Invitational Swim Meet

Sponsored by: St. Ignatius High School

Location:	Cleveland S	F. Busbey Natatorium tate University reet between Euclid and Chester Ave. Dhio							
Date:	Saturday, D	Saturday, December 17, 2005							
Time:	Prelims:	Warm-ups 7:00 AM							
		Prelims begin 8:00 AM							
	Finals :	Warm-ups 5:00 PM							

Finals begin 5:45 PM

Note: The top ten swimmers in each individual event will qualify for Finals. The next ten fastest swimmers will be invited to compete in a Consolation Final heat however there will be <u>no</u> Consolation Finals for relay events or for the 500 yard individual events.

Qualifying Standards

Qualifying Time	<u>– Girls</u>	Qualifying Times	<u>- Boys</u>
200 Medley Relay	2:10.00	200 Medley Relay	2:00.00
200 Freestyle	2:07.00	200 Freestyle	1:56.00
200 IM	2:24.00	200 IM	2:10.00
50 Freestyle	:27.00	50 Freestyle	:24.00
100 Butterfly	1:07.00	100 Butterfly	1:00.00
100 Freestyle	:59.00	100 Freestyle	:54.00
500 Freestyle	5:35.00	500 Freestyle	5:20.00
200 Freestyle Relay	2:00.00	200 Freestyle Relay	1:45.00
100 Backstroke	1:07.00	100 Backstroke	1:00.00
100 Breaststroke	1:14.00	100 Breaststroke	1:10.00
400 Freestyle Relay	4:20.00	400 Freestyle Relay	3:40.00

Note: The four (4) fastest heats of the 500 Freestyle will be swum in order of the events listed above. All other heats of the 500 Freestyle will be swum after the 400 Freestyle Relay, during the diving warm-ups.

Entry Limitations

Individual Events. There is no limit to the number of swimmers a team may enter in an individual event as long as each swimmer has met or bettered the qualifying standard. Each swimmer may compete in a total of four events of which two can be individual events. The qualifying standard must have been achieved in 2005 in any High School or sanctioned USA competition. **Please remember that this meet is for potential state qualifiers and for swimmers who will most likely be scoring in their district meets**. Please note that the qualifying times are even a little slower than times that would normally score in a district meet, meaning a little room has already been left for developing swimmers. Athletes who have not met the time standards in 2004 are welcome spectators but should not be competing in the meet.

<u>**Relay Events</u>**. Teams may list up to 8 swimmers for each Relay Event. A swimmer may be listed for all possible relays but will only be considered to be "in" a Relay Event if he/she actually swims it.</u>

Entry Fees

Entry fee is \$12.00 per swimmer. Swimmers who are participating in only relays and no individual events will be required to pay only \$8.00. We will offer those swimmers who only qualify for one event the option to pay the full fee of \$12 and swim in an additional bonus event. Please remember that alternates are considered swimmers. Please make checks payable to **St. Ignatius High School**.

Entry Deadline

All entries and payments must be in the hands of Julie Bare by 8:00 PM on Saturday, December 10th, 2005. The meet will be limited to the *first* 600 swimmers, entered and paid to ensure a manageable meet so you are advised to mail your entries in as soon as possible. <u>There</u> <u>will be no deck entries.</u> Entries not received by the above date will not be processed. Heat sheets will be run on Monday, December 12th at 4:00 PM. If you have any changes or scratches to your entries after you mail them, please call Julie Bare before 4:00 PM Monday, December 12th.

Mail Swimming Entries to:	Julie Bare
	57 East Belmeadow Lane
	Chagrin Falls, Ohio 44022
Fax Swimming Entries to:	Fax 440-338-5601

E-Mail Swimming Entries to: jbare@adelphia.net

Entry fees must be mailed to the above address. <u>If you use HyTek Team Manager to prepare your</u> team's entry you may send it on a floppy disk or email to the email address above.

<u>Awards</u>

No team points will be awarded at this meet. Awards will be presented after Finals.

Admission

Admission will be a one-time fee. Once an individual has been admitted to the meet, he or she will be stamped and allowed to re-enter. There will be no additional entry fees for Finals.

Adults	\$5.00
Students	\$3.00
Team members not competing in meet	Free
Children under 6	Free
Heat Sheets: Pre-lims	\$3.00
Heat Sheets: Finals	\$1.00

Diving Information

Dear Coach:

The 2005-2006 diving season has arrived, and I would like to inform you of the 29th Annual Viking Invitational. The meet this year will once again be held at The Robert F. Busbey Natatorium on the campus of Cleveland State University on Saturday, December 17th, 2005.

The format for this year's meet is as follows:

- The diver must achieve a minimum score of 190 points in a dual meet. The dual meet must be held between the dates of January 1, 2005 and December 10th, 2005.
- Proof of qualifying must be in the form of a completed diving sheet, or an official meet result sheet, signed by the diver, his/her coach, and an official; (name and phone number must be legible). This sheet must be in my hand no later than Saturday, at 8 PM December 10th, 2005.
- The individual's dive sheet is due Saturday December 10th, 2005 at 8 PM. **Compliance** with deadline is mandatory for competition.
- The six optional dives to be performed in the meet must have a minimum degree of difficulty of 12.6 for girls, and 13.3 for boys.

- If more than 18 entries for boys or 18 girls are received, the field will be cut to the top 18 scores in each group.

- We will run the girls' and boys' competition concurrently.
- Open warm up will be approximately from about 1:45 to 2:45 P.M.
- The diving competition will begin at approximately 2:50 PM
- The competition will be an 11-dive format. In the preliminary rounds (first 5 dives), the diver must do 2 voluntaries, and 3 optional dives. In the semi-final rounds (next 3 dives) the diver must do 2 voluntaries, and 1 optional. The diver must perform at least 1 dive from each group by the end of the 8th round. In the final round (last 3 dives), the diver must do 1 voluntary, and 2 optionals. One of the three final dives must be the divers sixth optional.
- We will cut to the top ten divers after the preliminary rounds, and the top six after the semi-final rounds.
- Fax all entries to Anthony D'Angelo at 440-734-4055.

If you have any questions, Anthony D'Angelo may be reached at home (440-734-6700), or by fax at home (440-734-4055). Good Luck to all divers and their coaches.

Location:	Cleveland State University Natatorium, East 24 th Street between Euclid and Chester Ave. Cleveland, Ohio
Date:	Saturday, December 17th, 2005
Time:	Prelims: Warm-ups 7:00 AM
	Prelims begin 8:00 AM
	Finals: Warm-ups 5:00 PM

Finals begin 5:45 PM

Registration Forms

ners@\$8.00
et @ \$12.00

Total \$_____

Please make checks payable to St. Ignatius High School. If you use HyTek Team Manager to prepare your team's entry you may send it on a floppy disk or email to the email address below.

Mail, fax or e-mail

Julie Bare

57 East Belmeadow Lane

Chagrin Falls, Ohio 44022

440-338-5601 jbare@adelphia.net

School	Coach	
School Address		
City	Zip	
Home Phone	Day Phone	
Pool Phone	e-mail	

Have you included?

_____ Boys and girls entry forms

_____ Completed diving sheets for qualifying divers

_____ Check made payable to St. Ignatius High School

Team:				Coach:					Pho	ne:		
									1110			
Event		1	3	5	7	11	13	15	17	19	21	23
Names	Grade	200 MED RELAY	200 FREE	200 IM	50 FREE	100 FLY	100 FREE	500 FREE	200 FREE RELAY	100 BACK	100 BREAST	400 FREE RELAY
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2)												
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Please enter swimm	ers times t	o the hur	dredth	of a sec	ond. Ente swimme		elay time	e next to	one name	and che	ck the otl	ner relay
Team:	Team: Coach: Phone:											
Event		2	4	6	8	12	14	16	18	20	22	24
Names	Grade	200 MED RELAY	200 FREE	200 IM	50 FREE	100 FLY	100 FREE	500 FREE	200 FREE RELAY	100 BACK	100 BREAST	400 FREE RELAY
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Waiver Form For All Swimmers and Divers

Cleveland State University Release and Waiver of Liability

As consideration for my participation in the , (the "event") I As consideration for my participation in the ______, (the " 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 LIABILITYON* 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 W AIVER 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 minor child,			to
participate in	, (the "event").		
If my child becomes ill or is injured while partic	pipating in this event, p	lease 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 W AIVER 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

Parent's/Legal Guardian's Address