Ocean County YMCA Tiger Sharks Swim Team Presents: 2022 OCY Unofficial Masters Team Championships

Sunday, February 13, 2022

Ocean County YMCA,

1088 W Whitty Rd, Toms River, NJ 08755

<u>Approval:</u> Recognized by the NJ LMSC for USMS, Inc. Recognition:

<u>Facility:</u> The Ocean County YMCA 12 lane competition pool. 8 lanes will be used for competition. 2 lanes for warm up/warm down during the meet.

The length of the competition course without a bulkhead is in compliance and on file with USMS in accordance with articles 105.1.7.

<u>Purpose:</u> The swimmers on the Ocean County YMCA age group swim team are running this meet as a fundraiser to help defer the cost of a team trip they will be taking to the YMCA National Championship in April.

Times: 1000 Free TBD Warm Up, TBD Start

(This event will close the Wednesday February 9th so the timeline can be set.)

All other events 12:00 PM Warm Up, 12:40 Start

<u>Eligibility:</u> Open to all teams and swimmers. Competitors must be 18 years of age or older and may compete in a maximum of 5 individual events. **Note: Swimmers who are not current USMS members may compete in this meet.**

<u>Awards:</u> Ribbons for first through third place in each age group. Team trophy for 1st place.

<u>Registration</u>: **See Entry Fees**. Due to COVID we are no longer accepting deck entries. All entries must be online.

<u>Timing:</u> Electronic Colorado system. In the unlikely event that a malfunction occurs, the meet will continue on schedule with the use of handheld stopwatch times.

<u>Seeding:</u> All events other than the 1000 free will be pre-seeded. Heats will be seeded slow to fast, regardless of sex or age. If you do not have a time, please give us a best estimate. Do not enter NT. 1000 will be seeded fastest to slowest.

<u>Age Groups:</u> Individuals; 18-24, 25-29, 30-34, etc. through 90+ Relays 18-24, 25-34, 35-44, 45-54, 55-64, 65+

<u>Entry Fees:</u> **Entry Deadline February 11th:** Surcharge: \$15.00. Individual events cost \$5.00 per event. Relays are **Free**.

This meet will ONLY be accepting Online Meet Entries which will close at midnight eastern time on February 11th, 2022. Entry fees are paid by credit card to "ClubAssistant.com Events." Online entry link is https://www.clubassistant.com/club/meet_information.cfm?c=1563&smid=12814

When registering please be aware of the workout and club groups. Scoring will be decided by the workout group you register with not club affiliation.

There will be no refunds.

Cancellations:

In case of severe weather conditions or other emergency situations, which force cancellations of any portion of this meet - <u>no refunds will be made on any fees or swimmer surcharges.</u> Every attempt will be made to reschedule the meet to another day if there is a cancellation of any kind.

COVID-19 Assumption of Risk Disclaimer:

We have taken enhanced health and safety measures for all participants. You must follow all posted instructions while at the Ocean County YMCA. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and guests with underlying medical conditions are especially vulnerable. By visiting Ocean County YMCA Pool, you voluntarily assume all risks related to exposure to COVID-19.

<u>Relays:</u>Relays must consist of two women and two men; the age of the youngest teammember shall determine the age group.Relays must be declared by the final heat of the 100Free for the Medley Relay and the final heat of the 500 Free for the Free Relay.

<u>1000 Free:</u> We would appreciate all swimmers providing their own timers and counters. If a timer and/or counter can not be provided please notify the meet director when submitting entries and arrangements can be made to have one provided.

Events:

1) 1000 Free

2)	100 Free	8)	500 Free	14)	100 Fly
3)	100 IM	9)	200 Med Relay	15)	50 Breast
4)	50 Fly	10)	100 Back	16)	200 Back
5)	100 Breast	11)	50 Free	17)	200 Free
6)	50 Back	12)	200 Breast	18)	200 Free Relay
7)	200 Fly	13)	200 IM		

Scoring: First Through Sixth. Individual: 7,5,4,3,2,1 points. Relays: 14,10,8,6,4,2 Points.

<u>Concessions</u>: Each swimmer will receive 1 ticket for food and a drink. Food will be available for sale for spectators.

<u>Entry Limits.</u> The meet will be limited to 250 swimmers to maintain an appropriate timeline. Also the 1000 will be limited to 6 heats, and the 500 will be limited to 8 heats. Entries will be accepted on a first come first serve basis in the order that they are received.

<u>Meet Info:</u> The psych sheet will be posted at <u>www.ocytigersharks.org</u> the Wednesday before the meet. Results will be posted within one week of the meet.

Any Questions Contact,

Justin Alsobrooks Ocean County YMCA 1088 W Whitty Rd

Toms River, NJ 08755 justina@justintiming.com

Ocean County YMCA – COVID 19 PROTOCOLS

• In applying for this approved event, the Host, OCY Tiger Sharks agree to comply and enforce all health and safety mandates and guidelines of USA Swimming, NJ Swimming (LSC), the State of New Jersey and the Ocean County Department of Health.

• The OCYMCA reserves the right to modify these protocols based on the most current health and safety mandates and guidelines of USA Swimming, NJ Swimming (LSC), the State of New Jersey and the Ocean County Department of Health. Any changes made will be communicated to all teams via email.

• **COVID Contact Person**- The Head Coach/Coach on duty will serve as the immediate COVID contact person.

• Main Covid Contact Person: Gretchen Insole • Covid

Ambassador: Corey Matthews

Personal Protective Equipment (PPE)

• Swimmers, Coaches, Officials, Staff, & Spectators: Unvaccinated individuals should wear a mask indoors. Masks are **encouraged** but not required for vaccinated individuals especially when in crowded common areas such as seating areas and bathrooms

• Staff will be required to wear masks and gloves when helping patrons or providing aid.

COVID-19 Awareness Training

• All staff members will be trained on the New Jersey Department of Health guidelines to keep themselves and the patrons safe. COVID- 19 awareness training will continue throughout the season as more information is provided.

Screening and Documenting Meet Attendees & Staff

• Any meet attendees with symptoms of COVID- 19 will be encouraged to stay home. Any staff member with symptoms of COVID-19 will be encouraged to stay home and will require a note from a physician to return to work. Symptoms related to COVID-19 include:

- Cough
- $\circ\,$ Shortness of breath of difficulty breathing
- Fatigue
- \circ Muscle or body aches
- \circ Headache
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Admittance and Access to the Facility

- The Ocean County YMCA pool area will be limited to meet participants and staff only.
- Face masks will not be required in the water.

• A limited number of spectators will be allowed in the building until the maximum number of spectators has been reached.

• Unvaccinated individuals should wear a mask indoors. Masks are encouraged but not required for vaccinated individuals especially when in crowded common areas such as seating areas and bathrooms.

- Swimmers will sit in their team's designated area. Spectators will sit in the designated spectator area.
- Only officials, timers and other meet volunteers will be allowed on deck in addition to swimmers and coaches.

Infection Control Strategies

Meet Management

- The swimmers will be marshalled in a 2 stage process along the scoreboard wall.
- While swimmers are not swimming, they will sit in their designated team area.

Communication with Local Health Authority

• Ocean County YMCA Staff will contact the local health department IMMEDIATELY by phone if we suspect a confirmed case of COVID-19. When reporting the staff will give the pool location and where the patient's contact information.

• If the local health department cannot be reached, the New Jersey Department of Health will be contacted (1-800-367-6543). If after hours, then the emergency after hour's phone number will be called (609) 392-2020.

• If the Ocean County YMCA experiences a confirmed case of COVID-19, management will work with the Local Health Authority to determine if the facility should be shut down temporarily.

Restrooms and Shower Access

- The health and safety of our swimmers and staff remains our highest priority.
- Locker rooms will be available for use by swimmers.

REV 8/12/21



ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

For and in consideration of United States Masters Swimming, Inc. ("USMS") allowing me, the undersigned, to participate in any USMS sanctioned or approved activity, including swimming camps, clinics, and exhibitions; learn-to-swim programs; swimming tryouts; fitness and training programs (including dryland training); swim practices and workouts (for both pool and open water); pool meets; open water competitions; local, regional, and national competitions and championships (both pool and open water); and related activities ("Event" or "Events"); I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (the "Agreement");

1. I hereby certify and represent that (i) I am in good health and in proper physical condition to participate in the Events; and (ii) I have not been advised of any medical conditions that would impair my ability to safely participate in the Events. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Events.

2. I acknowledge the inherent risks associated with the sport of swimming. I understand that my participation involves risks and dangers, which include, without limitation, the potential for serious bodily injury, sickness and disease, permanent disability, paralysis and death (from drowning or other causes); loss of or damage to personal property and equipment; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with natural or manmade objects; dangers arising from adverse weather conditions; imperfect water conditions; water and surface hazards; facility issues; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Events, or the negligent acts or omissions of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses that I incur as a result of my participation in any Events.

3. I agree to be familiar with and to abide by the Rules and Regulations established by USMS, including any safety regulations. I accept sole responsibility for my own conduct and actions while participating in the Events.

4. I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: USMS, its members, clubs, workout groups, event hosts, employees, and volunteers (including, but not limited to, event directors, coaches, officials, judges, timers, safety marshals, lifeguards, and support boat owners and operators); the USMS Swimming Saves Lives Foundation; USMS Local Masters Swimming Committees (LMSCs); the Event organizers and promoters, sponsors and advertisers; pool facility, lake and property owners or operators hosting the Events; law enforcement agencies and other public entities providing support for the Events; and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees, and volunteers (individually and collectively, the "Released Parties"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys' fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.

5. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim.

I hereby warrant that I am of legal age and competent to enter into this Agreement, that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns), acknowledge that I have signed this Agreement without any inducement, assurance, or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements, or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

Last Name	First Name	MI	Sex (circle)	Date of Birth (mm/dd/yy)				
			M F					
Street Address, City, State, Zip								
Signature of Participant				Date Signed				
			I					