



Swimming NORTHLAND

Kai Iwi Lakes, Kaipara
15th December 2018

Competition Information

Races Available

12+under	Open	Championship (run under FINA rules)
100m	2.5km	
250m	5km	2.5km
	7.5km	5km
12+under	10km	10km
1.25km	4x250m Relay	

Start Times

Registration will open at 10:00AM with the first race starting at 11:30AM.

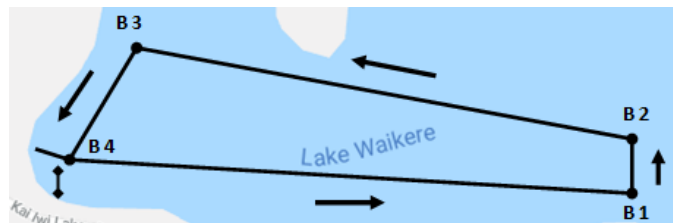
Briefings will be 20 minutes prior to each event.

Event times will be available with the Psych Sheets, which will be sent out on the 4th of December 2018.

Race Course

The race course is a 1.25km offset rectangular shape and can be found below (full course overview is attached). Swimmers must swim anti-clockwise around the course. Swimmers must pass the buoys on their left shoulder. Swimmers will be required to swim through the finish gate when completing the race.

12+under 100m	B3-B4
12+under 250m	1 lap (B4-B3-B4)
12+under 1.25km	1 lap
2.5km	2 laps
5km	4 laps
7.5km	6 laps
10km	8 laps





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Entry Information

Age: As at 15th of December 2018 NO Qualifying Times for this meet
Entries will close on Saturday the 1st of December, 11:59PM.

No late entries for championship events.

No refunds will be given for any withdrawals, including medical, once entries have closed.

Entry Fees

Entry fees are \$30.00 per individual event which must be paid at time of entry.

***An early bird price of \$25.00 will be available before Thursday the 1st of November.**

***12+under: 100m/200m = free entry (but entry form must be completed)**

***12+under: 1.25km = \$10.00 per entry**

Psych Sheets

Psych sheets will be available on the 4th of December.

Corrections and changes to the psych sheets are to be sent to northlandow@gmail.com by Thursday the 8th of December.

Final psych sheets will be sent out on Monday the 10th of December.

Awards

Medals will be awarded to 1st, 2nd & 3rd Northlanders in all championship events.

1st, 2nd & 3rd visitors will also be awarded medals in championship events.

Swimming Northland trophies will be awarded to the first male and female swimmers in the 5km championship event.



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DIRECT CREDIT DETAILS:

Swimming Northland

ASB 12-3115-0261685-00

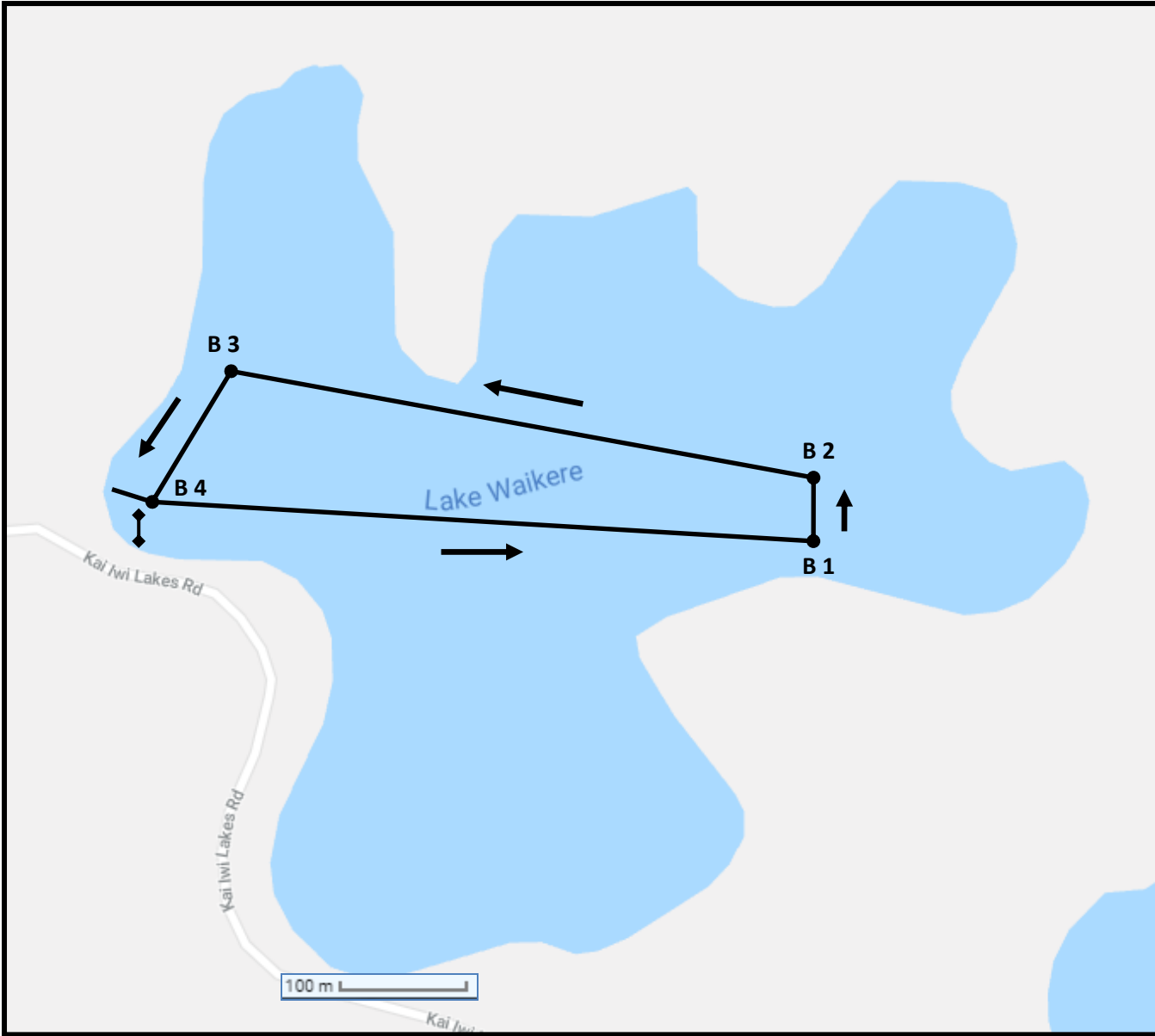
Reference: OW/Competitor Name



FULL COMPETITORS INFORMATION WILL BE AVAILABLE AFTER THE ENTRY CLOSE OFF DATE.

MEET DIRECTOR: Ross Gillespie northlandow@gmail.com

Mobile: 027 493 4863

Course Overview



-  **Finish**
-  **Start**
-  **Swim (1.25km lap)**
-  **Marshalling Tent**
-  **First Aid Tent**
-  **Food Stalls**
-  **Changing Tents**
-  **Feeding Platform**
-  **Clubhouse** { **Toilets & Registration** }

SWIMMING NORTHLAND OPEN WATER ENTRY FORM

EVENT: 12+under: 100m / 200m / 1.25km
Open: 2.5km / 5km / 7.5km / 10km / 4x250m Relay
Championship: 2.5km / 5km / 10km

Full Name: _____

Address: _____

Contact Phone on the day.: _____

Email: _____

Date of Birth: _____ **Age:** _____

Club: _____ **(Championship)**

Registration No.: _____ **(Championship)**

Do you have a disability? Yes / No
If yes please pay special attention to declaration 4a

Do you have a medical condition (e.g. Asthma)? Yes / No If
yes please pay special attention to declaration 4b

Emergency Contact (name & phone): _____

Entries: \$25/swimmer if received by 01/11/2018
\$30/swimmer if received by 01/12/2018

Signed entry forms to: Open Water, Swimming Northland, PO Box
237, DARGAVILLE 0340 or northlandOW@gmail.com

Official Use Only

EVENT	COMP #	A.G. / DIVSN	O/ALL PLACE	AG/D PLACE	TIME

Declaration:

1. I, the undersigned, in consideration of and as a condition of acceptance of my entry in the event for myself, my heirs, executors and administrators hereby waive all and any claim, right or cause of action which I or they might otherwise have for or arising out of my loss of life, damage or loss of any description whatsoever which I may suffer or sustain in the course of or consequent upon my entry or participation in the said event AND I admit that I participate in the said event solely at my own risk.
2. This waiver, release and discharge shall be an operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in promoting or staging the event and the servants, agents, representatives and officers of them and includes but is not limited to Swimming Northland, medical and paramedical personnel, police officers and shall operate whether or not the loss, injury or damage is attributable to the act or neglect of any one or more of them.
3. I hereby acknowledge that I have sole responsibility for my personal possessions and swimming equipment during the events.
4. I hereby attest and verify that I am physically fit and have sufficiently trained for this event. If requested, I agree to provide a signed doctor's certificate attesting to my physical fitness to participate in the said event.
 - a) Swimmers with a disability must specify the nature of their disability may be required to provide their own support craft and if necessary appropriate medical personnel. The organisers will contact competitors within 7 days of the close of entries if this is, or may be, required.
 - b) Swimmers with a known medical condition must specify the nature of their condition and should provide a signed letter from their club coach or a doctor verifying their fitness to participate in the event.
5. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during the event.
6. I hereby agree that in the event of cancellation due to storm, rain, inclement weather, winds, or other "Acts of God" conditions, my entry fee shall be refundable except for an administration and organisational fee of \$15. If the event is cancelled more than 7 days prior to the event, a full refund will be made.
7. In the event that I exceed the nominated time limit and have not completed the course I agree to leave the water when asked to by the officials or their representatives conducting the event.
8. I have read the rules and these conditions of entry and agree to abide by them.

Signed: _____ **Date:** _____
(Parent/Guardian to sign if competitor is under 18 years)

Name of Parent/Guardian: _____