

Do you have a swim course coordinator? Y / N

If yes:

Name: \_\_\_\_\_

Contact # and/or email \_\_\_\_\_

Do you have a swim course safety plan? Y / N

If yes, attach it here.

#### SWIM VENUE

- Pool
- Lake
- Sound
- River
- Bay
- Ocean

#### COURSE TYPE

- Triangle
- Rectangle
- Out & Back
- Point to Point
- Snake Swim
- Other: \_\_\_\_\_

#### Visible Race Numbers

For wetsuit swims and/or chip timed events, how will visible race numbers be provided for the swim?

- Swim caps numbered
- Visible body marking (back of hand)
- Other – please explain \_\_\_\_\_

#### SWIM FORMAT (select the appropriate type)

##### WAVE START

USAT requires that there are less than 150 athletes per wave.

# of athletes per wave \_\_\_\_\_

There will be no less than three minutes between each wave.

Time between each wave \_\_\_\_\_

**TOTAL # of waves** \_\_\_\_\_

##### TIME TRIAL START

# of athletes per start \_\_\_\_\_

Time between each start \_\_\_\_\_

##### MASS START

# of athletes \_\_\_\_\_ (Must request exemption from USAT if more than 150 athletes)

**FOR OCEAN SWIMS ONLY** - USAT Requires that there will be 1 lifeguard per every 35 athletes in the water at one time.

**Total # of lifeguards** \_\_\_\_\_

**Otherwise:** USAT requires that there will be 1 lifeguard per every 50 athletes

**Total # of lifeguards** \_\_\_\_\_

Will you have watercraft patrolling the swim course? Y / N

How many? \_\_\_\_\_

Type of watercraft:

Self propelled

Motorized

Combination

If motorized or combination:

Will the drivers be certified: Y / N

Describe how athletes tracked in and out of water? \_\_\_\_\_

Water testing certificate must be obtained and results will be kept on file for 7 years.

Name of water testing agency: \_\_\_\_\_

Contact name, number, email: \_\_\_\_\_

Who is responsible for initiating the missing swimmer plan?

Name: \_\_\_\_\_

Contact phone number and/or email: \_\_\_\_\_

**Attach a copy or provide a web link of your swim course map here! (Required)**