

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)