

The Columbus Sharks Masters Swim Team
and
The Central Ohio Chapter
of the
Huntington's Disease Society of America
(HDSA)

ANNOUNCES THE

The 5th Annual
Swim Against Huntington's Disease
Masters Meet
[2017 Ohio LMSC State Championship]
at the

McCorkle Aquatic Pavilion
The Ohio State University
Columbus, Ohio

SATURDAY, April 1, 2017

WARM UPS BEGIN AT 10:30AM
COMPETITION BEGINS AROUND 11:30AM

SEE ATTACHED INFORMATION
OR CALL 740-605-4785

**The 5th ANNUAL
SWIM AGAINST HUNTINGTON'S DISEASE MASTERS MEET
SHORT COURSE YARDS SWIM MEET**

Saturday, April 1, 2017

Sanctioned by Ohio LMSC and USMS, Inc. Sanction #177-S001

HOST TEAM: Columbus Sharks Masters Swim Team

CONTACT: Norm Baldwin, Meet Director
740-605-4785
meetdirector@columbussharks.org

LOCATION: McCorkle Aquatic Pavilion at The Ohio State University
1847 Neil Avenue
Columbus, Ohio 43210

FACILITY: The McCorkle Aquatic Pavilion is a state-of-the-art university swimming facility equipped with a Colorado Timing System and full data and video scoreboard. The meet will utilize ten lanes of the 25-meter by 50-meter pool, which has a depth of 10 feet. Warm-up and cool-down lanes will be available at the far end of the competition pool. Changing rooms are available to swimmers. There is space on the pool deck for swim bags. **LOCKERS WILL NOT BE AVAILABLE.**

A food court is open in the RPAC building directly across from the Pavilion. Swimmers may bring their own food; however, food and drink (other than water) are prohibited on the pool deck. Food and drink may be consumed in the spectator area above the pool, or in the wet classroom behind the timer's stand.

ELIGIBILITY: Open Open to all swimmers who are registered with USMS. Each swimmer is responsible for providing his/her USMS card and may be required to show it upon request by officials. A computer will be available to perform on-line USMS registration, this can also be used to look-up a swimmers USMS number. A full year membership is \$40. Single event membership fee, \$15.

To enter the meet, a copy of the swimmer's current USMS registration card MUST accompany the entry form if entering by mail. If a swimmer enters on-line, then he/she must present their USMS registration card at check-in.

The mail-in entry form should display the swimmer's registered name, number, and team name, according to their USMS card. Unattached swimmers note "UNAT." **Please print all information legibly.**

AGE: The age reported on your entry form must reflect your age as of 4/1/17.

ENTRY FEES: A flat fee of \$50 will be charged per participant. This entitles the swimmer to participate in a maximum of 5 individual events plus 2 relays. If you wish to prepay for parking, include an additional \$6.75.

The purpose of this meet is to raise money to fund research for Huntington's Disease, a devastating, hereditary, degenerative brain disorder for which there is, at present, no cure. (See pages 6 & 7 of this packet for more information on HD.) We ask that you please donate generously on top of your entry fee and parking fees.

NOTE All individuals entering by mail must sign the waiver at the bottom of the entry form. Individuals entering online must check the waiver box before they can enter their information. Checking the box means you accept the wavier conditions just as if you signed the mail-in form.

Refunds will only be issued for documented medical reasons or if the meet is canceled.

PAYMENT: Checks will be accepted by mail. Credit cards (Visa, MasterCard, American Express and Discover only) will be accepted online. All checks should be made out to HDSA. See page 9 for help with the online entry and generating your our meet webpage with which to generate additional donations.

Mail Payment to:
Norm Baldwin
7455 Boundaries Road
Thornville, OH 43076

Mail-in entry must be postmarked by 3/21/17.
Deck entry deadline: 10:30 am Eastern Time 4/1/17.
Relay entry deadline: 10:45 am Eastern Time 4/1/17.

**SEEDING & LANE
ASSIGNMENTS:**

Events will be seeded using the pre-entered seed-time of each swimmer, with the slower heats first. The meet will be seeded according to times submitted, regardless of age and gender. No time (NT) will be seeded in the slower heats. Swimmers are responsible for reporting to the blocks on time for their appropriate heat and lane for each event. Heat and lane assignments for all events will be posted around 11:30am on the day of the event.

**STARTING
PROCEDURE:**

103.8.5—Start Commands

A At the commencement of each heat, the referee shall signal to the swimmers by a short series of whistles to remove all clothing except for swimwear, followed by a long whistle indicating that they should take their positions with at least one foot at the front of the starting platform, the edge of the pool or on the wall and remain there. In backstroke and medley relay events, at the referee's first long whistle the swimmers shall immediately enter the water and at the second long whistle shall return without undue delay to the starting position (article 101.1.2).

B When the swimmers and officials are ready, the referee shall signal with an outstretched arm to the starter that the swimmers are under the starter's control.

C On the starter's command "Take your mark," the swimmers shall immediately assume their starting position with at least one foot at the front of the starting platform. Swimmers starting in the water must have at least one hand in contact with the wall or starting platform. When all swimmers are stationary, the starter shall give the starting signal.

D For backstroke event starts, the starter may give the command "Place your feet" after the referee's whistle.

RELAYS:

All relays are deck entered. Any combination of: all male, all female, 2 males/2 females may compete in relay events. Age brackets for relays are: 18+, 25+, 35+, 45+, 55+, 65+, 75+, 85+,95+. The age of the youngest relay team member shall determine the age group.

Official relay cards are to be picked up from the Clerk of Course by a team representative who is responsible for the relay. The relay representative should **print legibly** all information required. Each card should include the swimmers names as they appear on their USMS registration cards, in order of relay swum: first name, last name, age, and gender. **Cards shall be returned to the Computer table by 10:45am on 4/1/17.**

AWARDS:

An award will be given to the highest scoring team. An award will also be given to the individual who brings in the most donations to the Huntington's Disease Society of America (HDSA). Individual awards will be given for first through third place by gender and age group for 19+, 25+ through 100+. Awards will be given for relays first through third, by age group and gender.

BANNERS:

Team Banners are encouraged, the banners should be given to one of the Red Coats. The Red Coat will make sure the banner gets hung. Banners must be professional quality, printed/painted on heavy material (Plastic, Canvas, Coated Canvas), banner must also have grommet eyelets for hanging.

ORDER OF EVENTS: The meet will be seeded according to times submitted, regardless of age and gender. Heats will run slowest to fastest. Heat and lane assignments for all events will be posted around 11:30am.

Deck Entries: 9:30-10:30am
Deck entry deadline: 10:30am Eastern Standard Time 4/1/17
Relay cards due: 10:45am Eastern Standard Time 4/1/17

Warm –Ups: 10:30-11:30am

Heat Sheet Posted: around 11:30am (*participants should double-check for accuracy at this time*)

Events: 11:40am - 4:30pm

1	500 Freestyle	10	100 Backstroke
2	100 Breaststroke	11	200 Butterfly
3	200 Individual Medley	12	200 Freestyle
4	50 Backstroke	13	200 Medley Relay
5	50 Freestyle	14	100 Individual Medley
6	100 Butterfly	15	200 Backstroke
7	400 Freestyle Relay	16	100 Freestyle
8	400 Individual Medley	17	200 Breaststroke
9	50 Breaststroke	18	50 Butterfly
		19	200 Freestyle Relay

**WARM-UP &
COOL-DOWN:**

Entry into the pool must be feet first in a cautious manner with one hand in contact with the deck. Diving shall be permitted only from the blocks in the designated sprint lanes during warm-up. Warm-up and cool-down lanes will be provided. No diving will be permitted in these lanes. Instructions given by an official must be obeyed at all times. A swimmer may be disqualified at the discretion of the Meet Director or Meet Official for failure to comply with these rules.

DIRECTIONS:

From the North: use 315 South. Take the Kinnear Road exit towards Olentangy River Road. Turn left onto Kinnear Road. Take the 1st left onto Olentangy River Road. Turn right onto John H Herrick Drive. Turn right onto Cannon Drive. Turn right onto W 12th Ave. Turn left onto Neil Ave. Parking garage is at the end of the drive on the left.

From the South: use 315 North. Take the Medical Center Drive exit towards King Ave/Hospital. Turn left onto Cannon Drive. Turn right onto W 12th Avenue. Turn left onto Neil Avenue. Parking garage is on the left.

The Neil Avenue Parking Garage is connected to and located just south of the McCorkle Aquatic Pavilion. The address for the Neil Avenue garage and the Aquatic Pavilion is 1847 Neil Ave, Columbus, OH 43210. An event parking pass is \$6.50 and can be purchased at the time of registration or when checking in for the meet. Spectators may purchase a parking pass at the swimmer check-in desk. When entering the garage you will receive a ticket from the automated machine. When you buy your parking pass you will get a second ticket. When you leave the event you'll need to insert both tickets into the automated machine.

**HOTEL &
ACCOMODATIONS:**

Go to <http://www.experiencecolumbus.com/> for information on Columbus hotels and restaurants.

AFTER MEET SOCIAL: Will be held at the '[Chop Shop](#)' a new gourmet burger restaurant located at 2159 north high street. Pricing will be around \$6 per head, which is a great deal. Everyone with a ticket will be able to order one of delicious burgers and and fountain drink. A supply of sides including fresh cut fries, battered onion rings and salad will be available. There is a full bar which will have special event pricing. Free parking is available at 'The Little Bar' a few doors to the north. The Chop Shop is a 4 minute drive from the Neil Avenue Parking Garage.

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PRINT LEGIBLY OR TYPE

NAME _____ GENDER _____ BIRTHDATE _____
 AGE ON 4/1/17 _____ USMS Number _____ TEAM _____
 ADDRESS _____
 CITY, STATE _____ ZIP _____
 HOME PHONE (____) _____ BUSINESS PHONE (____) _____
 E-MAIL _____

Please mark your selections, and **Thank You** for your generous donation.

__ \$50 Entry fee __ \$6.50 Parking Pass __
 Donation to HD: __ \$5, __ \$10, __ \$20, __ \$50, __ \$100, __ \$ _____ (other)

Make Checks to: HDSA

ATTACH A COPY OF CURRENT USMS CARD

Circle the event numbers in which you would like to be entered and show your seed-time to the hundredth of a second. If you do not enter a time you will be entered "NT."

EVENT #	SEED TIME	EVENT	EVENT #	SEED TIME	EVENT
1	_____	500 Freestyle	10	_____	100 Backstroke
2	_____	100 Breaststroke	11	_____	200 Butterfly
3	_____	200 Individual Medley	12	_____	200 Freestyle
4	_____	50 Backstroke	13	*****	200 Medley Relay
5	_____	50 Freestyle	14	_____	100 Individual Medley
6	_____	100 Butterfly	15	_____	200 Backstroke
7	*****	400 Freestyle Relay	16	_____	100 Freestyle
8	_____	400 Individual Medley	17	_____	200 Breaststroke
9	_____	50 Breaststroke	18	_____	50 Butterfly
			19	*****	200 Freestyle Relay

ADVANCE ENTRIES (postmarked by 3/21/17): \$50 per swimmer for meet up to 5 individual events plus 2 relays ____
 DECK ENTRIES (due by 10:30 am EST 4/1/17) \$70 per swimmer for meet up to 5 individual events plus 2 relays ____



**PARTICIPANT WAIVER AND RELEASE OF LIABILITY,
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) M F	Date of Birth (mm/dd/yy)
Street Address, City, State, Zip				
Signature of Participant				Date Signed

Revised 07/01/2014

What is Huntington's Disease (HD)?

Huntington's Disease: a devastating, hereditary, degenerative brain disorder for which there is, at present, no cure and only one FDA-approved treatment (Xenazine) for a symptom of HD. HD slowly diminishes the affected individual's ability to walk, talk and reason. Eventually, the person with HD becomes totally dependent upon others for his or her care. Huntington's Disease profoundly affects the lives of entire families -- emotionally, socially and economically.

Named for Dr. George Huntington, who first described this hereditary disorder in 1872, HD is now recognized as one of the more common genetic disorders. More than a quarter of a million Americans have HD or are "at risk" of inheriting the disease from an affected parent. HD affects as many people as does Hemophilia, Cystic Fibrosis or Muscular Dystrophy.

Early symptoms of Huntington's Disease may affect cognitive ability or mobility and include depression, mood swings, forgetfulness, clumsiness, involuntary twitching and lack of coordination. As the disease progresses, concentration and short-term memory diminish and involuntary movements of the head, trunk and limbs increase. Walking, speaking and swallowing abilities deteriorate. Eventually the person is unable to care for him or herself. Death follows from complications such as choking, infection or heart failure.

HD typically begins in mid-life, between the ages of 30 and 50, though onset may occur as early as the age of 2. Children who develop the juvenile form of the disease rarely live to adulthood.

HD affects males and females equally and crosses all ethnic and racial boundaries. Each child of a person with HD has a 50/50 chance of inheriting the fatal gene. Everyone who carries the gene will develop the disease. In 1993, the HD gene was isolated and a direct genetic test developed which can accurately determine whether a person carries the HD gene. The test cannot predict when symptoms will begin. However, in the absence of a cure, some individuals "at risk" elect not to take the test.

Since the discovery of the gene that causes HD, scientific research has accelerated and much has been added to our understanding of Huntington's Disease and its effects upon different individuals. By continuing to increase investment in both clinical and basic HD research each year, breakthroughs in treatment - and a cure - can be forthcoming.

What are HD symptoms?Symptoms usually evolve slowly and vary from person to person, even within the same family. Some individuals may be affected first cognitively (depression, forgetfulness, impaired judgment). Others suffer with motor skill impairment (dystonia or involuntary movements, unsteady gait). Eventually, every person afflicted by HD requires full-time care.

Domains affected include cognitive, motor and behavioral. Members of the same family may exhibit different symptoms. Some can show mild involuntary movements (chorea) and have more emotional/behavioral symptoms of HD or can have less emotional/behavioral symptoms with more difficulty with involuntary movements.

Some HD Symptoms:

Behavioral/emotional

Irritability, Depression, Anxiety, Aggressive outbursts, Mood swings, Social withdrawal, Motor
Fidgety behavior, Uncoordination, Involuntary movements (chorea, dystonia),
Difficulties with speech, swallowing, balance, walking, Cognitive
Problems with short-term memory, organizing, coping, concentrating

Can you predict when you will get the disease?You must have inherited the gene to get the disease. Though there may be some correlation between the number of times the gene sequence CAG (see the Glossary of Terms) is repeated and the age of onset, it is impossible to know exactly when the disease will begin to manifest itself. The higher the CAG repeat, the more likely HD will strike at a younger age. Most individuals affected by HD exhibit symptoms between the ages of 30 to 50 years of age. In rare cases, children as young as two and individuals as old as 80 have exhibited symptoms of HD.

How many are affected by HD?One out of every 10,000 Americans has HD. Yet the devastating effects of HD touch many more. HD does not skip generations. Each child of a parent with HD has a 50/50 chance of inheriting the gene that causes HD. If a child does not inherit the gene, he or she cannot pass it on. If the child does inherit the gene, he or she can pass it on and will develop

the disease if that child lives long enough. There are approximately 200,000 Americans "at-risk" of developing the disease.

How long do you live after HD symptoms begin?The average lifespan after onset of HD is 10-20 years. The younger the age of onset, the more rapid the progression of the disease.

What is the prognosis for those with Huntington's Disease?At this time, there is no way to stop or reverse the course of HD. There is no treatment to halt the progression, which leads to death after ten to twenty-five years. However, now that the HD gene has been located, investigators are continuing to study the HD gene with an eye toward understanding how it causes disease in the human body.

What is the cause of death for most HD patients?Most people with HD do not die as a direct result of HD, but rather from medical problems that arise (such as infections, choking and pneumonia) from the effects of HD on the body.

Is there an effective treatment or cure at this time?Research has yet to find a means of curing or even slowing the deadly progression of HD, although some medications can relieve some of the symptoms in certain individuals.

What progress has been made in HD research?

Since 1993 when the gene that causes HD was discovered, much has been added to the understanding of the disease. Research efforts are currently exploring many new avenues and approaches, including focus on ways to delay onset of HD, development of effective therapies that may slow the progression of HD, and ultimately, a cure for the disease.

What social and legal issues do people with HD face?

Those affected by HD often face discrimination both on the job and from their health insurance carrier. While genetic discrimination in the workplace and from health insurance carriers has been banned in federal government positions, few other employees enjoy these same protections. Individuals who suffer from the movement disorder associated with HD are often accused of being intoxicated because of slurred speech or an uneven gait. For those in which the first stage of the disease may show itself either mentally or emotionally, these "hidden" disabilities can be difficult for people to understand. Those with HD are often blamed for behaviors they cannot control.

What is genetic testing and what does it involve?

This is a process where blood is taken and analyzed to determine if the gene for HD is present. The result enables those who are "at risk" to learn whether they carry the gene or not. Few of those people "at risk" of HD opt to have the test performed, given the fact that there are few therapeutic options available effective in combating the effects of HD. Anyone considering genetic testing for HD is advised to work with a genetic testing center that follows HDSA's genetic testing guidelines that include both pre- and post-test counseling. Only those over the age of 18 may be tested for HD unless they are exhibiting symptoms of the disorder. Genetic testing can also be utilized to confirm a clinical diagnosis of HD. The test cannot provide an age of onset. It can confirm only that an individual has or does not have the HD gene.

Where can I go for more information about HD?Contact an HDSA chapter near you or your nearest HDSA Center of Excellence. You can also call the HDSA National Office at 800 345-HDSA (43

On-line registration and donation web page(s).

<http://hdsa.donordrive.com/event/2017swim/>

Click on 'Register Now!'.

Participant Type Select either:

Swimmer – Registration Fee \$50.00

Swimmer & Parking Pass – Registration Fee \$56.75. (This covers your parking in the Nelson Ave Garage.)

Role Select Either:

Individual - any money you raise will be attributed to you.

Create a Team - create a name for a group of people who will be pooling fundraising moneys.

Registration Questions

Date of Birth

Age as of 4/1/17

Select Gender Female or Male

USMS#

Name of your Master's Swim Team

Enter times for the events you wish to swim.

1. 500 Free
2. 100 Breast
3. 200 IM
4. 50 Back
5. 50 Free
6. 100 Fly
7. 400 Free Relay (Leave blank)
8. 400 IM
9. 50 Breast
10. 100 Back
11. 200 Fly
12. 200 Free
13. 200 Med Relay (Leave Blank)
14. 100 IM
15. 200 Back
16. 100 Free
17. 200 Breast
18. 50 Fly
19. 200 Free Relay (Leave Blank)

Standard USMS swim meet disclaimer.

Click on 'I Agree to the Terms and Conditions

Click on 'Continue to Next Step'

Contact Details

If you have been to the HDSA Donor drive before, Login to your account to prefill the fields below.

'*' indicates required field

First Name

Last Name

Address

Apt, Suite, Bldg

City

State (Select)

Zip/Postal Code

Country (Select)

Phone

Mobile Phone

Email Address

Confirm E-mail

Password

Confirm Password

Click on 'Continue to Next Step'

Billing Information

(Payment Types accepted Visa, Master Card, American Express, Discover)

Card Number

Name on Card

Card Exp Date Month Year

Security Code

Billing Address

Apt, Suite, Bldg

Billing City

Billing State (Select)

Billing Zip/Postal Code

Billing Country

Billing Phone

Additional amount you wish to donate.

Select towards

to this organization (HDSA)

to this event (5th Annual Swim Against HD)

towards my fundraising goal (amount you are trying to raise)

Click on 'Continue to Next Step'

Option to 'Register another person?'

At this point you are encouraged to:

1. Personalize Your Fundraising Page.
2. Invite Others to Donate.

Thanks for your Support!

Norm Baldwin