

# 6th Annual Down-County Mini-Meet Hosted by the Kemp Mill Kangaroos Sunday, July 12, 2009

**Registrations by team or by individual accepted!**

Join the Kemp Mill Kangaroos in Third Annual Down-County Mini-Meet! This will be great fun for the younger members of your team or pre-teams! The meet will be open to all swimmers ages 9 years and younger. Events will be offered for boys and girls in freestyle, backstroke, breaststroke, butterfly and kickboard. Swimmers will not be disqualified for stroke and turn; however, there will be official timers. There will be prizes! Our Kangaroo Kafé will be open with snacks for sale, too! There is a \$5 non-refundable entry fee, with a maximum of 3 events per swimmer. Boys and girls' events may be combined in the interest of an efficient meet. Call Marille Herrmann for additional information at 301-681-5156 or 240 505 3201 (cell).

Please complete the attached entry form and return to:  
Warm up time is 8:00 a.m. Meet begins at 9:00 a.m.

**Kemp Mill Swim Club  
c/o Marille E. Herrmann  
507 Lambertson Drive  
Silver Spring, MD 20902**

Entries need to be received by Wednesday, July 8th  
Make checks payable to the **Kemp Mill Swim Team**  
Entries are limited to the first 200 swimmers

Questions: [marille\\_h@yahoo.com](mailto:marille_h@yahoo.com)

**Directions to Kemp Mill** - 11805 Stonington Place, Silver Spring, MD 20902 (301) 593-7506: From Randolph Road, take KEMP MILL ROAD until you reach the traffic light for HERMLEIGH ROAD. Turn LEFT onto Hermleigh and travel about a half-mile where the street will split. Follow the right-hand fork for STONINGTON PLACE. The pool entrance will be on your left immediately after the second house. It is marked by a large wooden sign on the gate. From UNIVERSITY BLVD. (MD Rte. 193), take ARCOLA AVENUE. You have two choices. You can follow Arcola to the first traffic light and there turn RIGHT onto LAMBERTSON DRIVE. Follow Lambertson until the stop sign for LOVEJOY AVE. Turn LEFT onto Lovejoy, and travel about 50 feet down to the first intersection. Turn RIGHT there onto STONINGTON PLACE. Follow Stonington until you pass through an intersection. Stay on Stonington. You should see the pool on your right, just beyond the intersection. **OR**, traveling from University Blvd., you can take ARCOLA AVENUE until you reach the SECOND traffic light where you will turn RIGHT onto KEMP MILL ROAD. Follow KEMP MILL until you reach the traffic light at HERMLEIGH ROAD where you will turn RIGHT. Follow the directions above to find the pool.

Boys	Order of event	Girls
1	open 100 I.M.	2
3	6 & under 25 kick	4
5	7 yr 25 kick	6
7	8 yr 25 kick	8
9	6 & under 25 free	10
11	7 yr 25 free	12
13	8 yr 25 free	14
15	9 yr 50 free	16
17	6 yr & under 25 back	18
19	7 yr 25 back	20
21	8 yr 25 back	22
23	9 yr 25 back	24
25	6 yr & under 25 breast	26
27	7 yr 25 breast	28
29	8 yr 25 breast	30
31	9 yr 25 breast	32
33	6 & under 25 fly	34
35	7 yr 25 fly	36
37	8 yr 25 fly	38
39	9 yr 25 fly	40

**Entry Fee: \$5      Make check payable to: Kemp Mill Swim Team.  
Mail to: Marille E. Herrmann, 507 Lambertson Dr., Silver Spring, MD 20902.**

**Down-County Mini-Meet Registration Form**  
 Sunday, July 12, rain or shine, at the Kemp Mill Swim Club  
 Warm-ups 8 a.m. Meet begins at 9 a.m.

<b>Child's Name:</b> _____ <b>Child's DOB:</b> _____ <b>Parent/Guardian's Name &amp; Address:</b> _____ _____ _____ <b>Office Phone:</b> _____ <b>Home Phone:</b> _____ <b>Cell:</b> _____ <b>E-mail:</b> _____	<b>Swim Team</b> _____ <b>Circle:</b> <b>Boy</b> <b>Girl</b> <b>Registering for events (see flyer; maximum three).          Provide entry times if known.:</b> # _____ <b>time</b> _____ # _____ <b>time</b> _____ # _____ <b>time</b> _____ <b>If the person named above cannot be reached,          notify:</b> <b>Name:</b> _____ <b>Telephone:</b> _____ <b>Cell:</b> _____
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**Health Record**

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

**ALLERGIES: Food, medicines, insects, plants**    Yes \_\_\_ No \_\_\_

**Explain:** \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in the meet:

**Explain:** \_\_\_\_\_

List equipment needed such as braces, glasses, contact lenses, etc.: \_\_\_\_\_

**Personal health/accident insurance carrier:** \_\_\_\_\_ **Policy No.:** \_\_\_\_\_

**Permission To Participate**

I give my permission for \_\_\_\_\_ to participate in this activity. **In case of emergency**, I understand every effort will be made to contact me, my spouse, or next of kin. In the event I cannot be reached, I hereby give permission for the adult in charge to secure proper treatment, including transportation, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

**Date:** \_\_\_\_\_ **Signature of parent/guardian:** \_\_\_\_\_

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