



California Senior Games - Pasadena

Swim Meet Entry Application

Sunday, June 10, 2012

Meet Director: Robert Mitchell - (949) 689-7946

E-Mail: MitchellRobert@cox.net

Recognized by USMS/Southern Pacific
Masters Association

Recognition #332/R001



- Facility:** Rose Bowl Aquatics Center. Outdoor, heated, with additional pool for warm-up/cool down during meet. Locker room facilities are available. Please bring your own lock.
- Rules:** 2012 USMS Rules will govern the Advanced Division of the Meet. Times in the Advanced Division will be submitted to the Top Ten Recorder. There is a limit of 5 events for the Advanced Division and 6 for the Novice.
- Fees:** Registration Fee of \$35.00, plus \$6.00 per event. Fee includes Celebration of Athletes and Closing Celebration BBQ, T-Shirt, Official Program, Goody Bag, and Results Book.
- If registering by mail: Please return Senior Games Entry Application, Swim Meet Entry, copy of USMS Card and Fees to:**
- If registering on-line at www.nsga.com: Please return Swim Meet Entry and copy of USMS card to:**
Pasadena Senior Center, 85 East Holly Street, Pasadena 91103
(626) 685-6754, CynthiaR@pasadenaseniorcenter.org

Meet Procedures:

- ◆ The Advanced Division will swim LCM. The Novice Division will swim SCY.
- ◆ **USMS ENTRANTS:** The meet is "Recognized" by Southern Pacific Masters Association and times from the events will be submitted to the SPMA Top Ten Recorder. **The 100 IM will be swum SCY in the Novice Division.** Masters swimmers may enter the Novice Division if they do not duplicate events.
- ◆ Novice events are for swimmers with minimum competitive experience.
- ◆ Non-USMS swimmers may enter the Advanced Division.
- ◆ Submitted times. Seeded slowest to fastest by age with automatic timing.
- ◆ LCM times will be converted for National seeding purposes.

Order of Events

Advanced Division

9:00 a.m. (Warm-ups start at 8:00 a.m.) - \$6.00 per event

- | | |
|------------------------|----------------------|
| 1. 400 M Freestyle | 2. 50 M Breaststroke |
| 3. 100 M Backstroke | 4. 50 M Butterfly |
| 5. 200M Breaststroke | 6. 100 M Freestyle |
| 7. 200 M I.M. | 8. 50 M Backstroke |
| 9. 100 M Butterfly | 10. 50 M Freestyle |
| 11. 100 M Breaststroke | 12. 200 M Backstroke |
| | 13. 200 M Freestyle |

Novice Division

2:00 p.m. (Estimated - warm-ups begin 1/2 hour prior to Meet start) - \$6.00 per event

- | | |
|------------------------|------------------------|
| 1. 25 Yd. Freestyle | 2. 50 Yd. Breaststroke |
| 3. 25 Yd. Backstroke | 4. 50 Yd. Butterfly |
| 5. 100 Yd. I.M. | 6. 50 Yd. Freestyle |
| 7. 25 Yd. Breaststroke | 8. 50 Yd. Backstroke |
| | 9. 25 Yd. Butterfly |

California Senior Games - Pasadena Swim Meet Entry Form

All Swimmers must complete this form in addition to the 2 page PSG Entry Application and submit both with the proper Event Fees. If you are a member of United States Masters Swimming, attach a copy of your 2012 membership card and complete all other information. Non-USMS swimmers need only complete the personal information. **Do not forget to sign the Waiver on the Entry Application.**

Please Register me for the following Events: One-time Registration Fee: \$35.00

Advanced Division - Registration Fee plus \$6.00 per event

FREESTYLE:	<input type="checkbox"/> 50M	<input type="checkbox"/> 100M	<input type="checkbox"/> 200M	<input type="checkbox"/> 400M
BACKSTROKE:	<input type="checkbox"/> 50M	<input type="checkbox"/> 100M	<input type="checkbox"/> 200M	
BREASTSTROKE:	<input type="checkbox"/> 50M	<input type="checkbox"/> 100M	<input type="checkbox"/> 200M	
BUTTERFLY:	<input type="checkbox"/> 50M	<input type="checkbox"/> 100M		
I.M. (4 strokes)	<input type="checkbox"/> 200M			

Novice Division - Registration Fee plus \$6.00 per event

FREESTYLE:	<input type="checkbox"/> 25 Yd.	<input type="checkbox"/> 50 Yd.
BACKSTROKE:	<input type="checkbox"/> 25 Yd.	<input type="checkbox"/> 50 Yd.
BREASTSTROKE:	<input type="checkbox"/> 25 Yd.	<input type="checkbox"/> 50 Yd.
BUTTERFLY:	<input type="checkbox"/> 25 Yd.	<input type="checkbox"/> 50 Yd.
I.M. (4 strokes)	<input type="checkbox"/> 100 Yd. (National Event and counts toward 5 event limit in Advanced Division)	

Total Swimming Fees Due: \$ _____

Name _____ **USMS #** _____
Street Address _____
City _____ **State** _____ **Zip** _____
Phone _____ **Age** _____ **Birthdate** _____ **Sex** _____ **T-Shirt Size** _____
(mm/dd/yy)

E-Mail Address: _____

Event & Number	Est. Time

Event & Number	Est. Time

Release of Liability

PHOTO & FILM WAIVER: I hereby grant full permission to the organizers, their agents, employees, and representatives to use my name, voice, and/or picture or film in any broadcast, telecast, advertising, promotion or other use in relation to the PSG.

LIABILITY WAIVER: I, the undersigned participant, hereby agree to indemnify and hold harmless the organizers of the Pasadena Senior Games ("PSG"), hereinafter sometimes referred to as sponsors, their agents, employees, and representatives and assigns, from any and all actions or claims of whatsoever kind or nature which I or my representatives or assigns may have or at any time in the future have due to any injury or property damage arising out of my participation in the PSG. I understand and agree that any dispute over injury or property damage caused by myself or another participant must be settled between the individuals. I warrant and represent to the organizers that I have prepared myself for the event(s) which I have entered by practicing the same prior to my participation. I warrant and represent that I am in good physical health and condition, am physically able to compete in the event(s), and know of no physical restriction whatsoever which would prohibit my participation in the PSG. I have been advised by the organizers that it would be in my best interest to consult a physician prior to my preparation for and participation in this event. I recognize and understand that the preparation and competition may necessitate strenuous physical activity and could possibly activate an unrecognized pre-existing cardiovascular disorder which I may have, thereby resulting in serious or life-threatening physical harm to me. The organizers have my permission to have a physician treat me during my participation in the PSG.

Signature _____

Date _____