

# Shark Tank SCM Meet

Sarasota, Fla, November 10–11, 2012

Sanction	Florida LMSC for USMS, Inc. Sanction # 142-S005
Meet Director	Jamie Kendig: 941-408-4752 or <a href="mailto:jame180@hotmail.com">jame180@hotmail.com</a>

*First, choose your events*

- Swimmers may enter no more than five individual events per day of the meet.
- Swimmers must enter a time for each event; “no time” entries are not permitted.

#	SATURDAY 11:00 a.m.	TIME	#	SUNDAY 8:00 a.m.	TIME
1/2	800m freestyle relay (W, M)	+++++	28/29	1500m freestyle (mixed seeding; limited to first 40 entrants)	
3	800m mixed freestyle relay	+++++		<b>SUNDAY 11:00 a.m.</b>	
4/5	400 IM (mixed seeding)		30/31	100m IM	
6/7	200m freestyle		32/33	200m backstroke	
8/9	100m butterfly		34/35	100m freestyle	
10/11	50m breaststroke		36/37	50m butterfly	
12/13	200m medley relay (W, M)	+++++	38	400m mixed freestyle relay	+++++
14/15	400m freestyle relay (W, M)	+++++	39	200m mixed medley relay	+++++
16/17	200m breaststroke		40/41	100m breaststroke	
18/19	100m backstroke		42/43	200m butterfly	
20/21	50m freestyle		44/45	50m backstroke	
22/23	200m IM		46/47	400m medley relay (W, M)	+++++
24	200m mixed freestyle relay	+++++	48/49	200m freestyle relay (W, M)	+++++
25	400m mixed medley relay	+++++			
26/27	400m freestyle (mixed seeding)				

*Then, please complete the form and payment on the next page*

Last Name (as on 2012 USMS card): \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

2012 USMS number: \_\_\_\_\_ - \_\_\_\_\_ Gender: Male Female

Date of Birth (mm/dd/yy): \_\_\_\_\_ Age (as of 12/31/12): \_\_\_\_\_

Club Name: \_\_\_\_\_ Club Abbreviation: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_

E-Mail Address (neatly): \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

One-day entry fee (\$25.00) = \_\_\_\_\_

Two-day entry fee (\$40.00) = \_\_\_\_\_

ATTACH A COPY OF YOUR CURRENT  
USMS CARD HERE

TOTAL ENCLOSED = \_\_\_\_\_

**MAKE CHECK PAYABLE TO: SYSM**

Mail entry to: Jamie Kendig 395 Commercial Court Suite 1A, Venice, FL 34292

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. **AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIM COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES.** In addition, I agree to abide by and be governed by the rules of USMS. (See Rule Book Article 203.1)

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_