Skaneateles Masters Meet

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FUNDRAISER FOR THE AUBURN YMC	CA STINGRAYS AGE GROUP TEAM	
Sanctioned by Niagara Districts Ma	sters Swimming for USMS. Inc.	
Date: Sunday January 13, 2013. Warm-up starts	U	
Facility: Mary H. Soderberg Aquatics Center at the S		
The pool is an 8 lane, 25 yard, electronically		
and a separate leisure pool for continuous w		
Location: Skaneateles YMCA & Community Center, 97		
auburnymca.org/skaneateles		
Eligibility: Open to all USMS and MSC registered swim	nmore 19 and older as of Japuery 12, 2012	
2013 One Event Registration will be availa		
Fees: \$20 per swimmer for all USMS/MSC registe	red swimmers, this includes 5 individual	
events and one relay.	O in dividual suggests, and a suggest day, LICMO	
\$25 for a "One Event" registration, includes	3 individual events, and a one day USMS	
registration.	u ha daalaa dada 🗖 aada dii baada d	
Check In: Relays and 500 free require check in and wil		
(men and women), timed finals seeded slowe		
Warm Up: 8:30 AM-9:30 AM lanes 1-8 circle swimmi	ng, NO DIVING, 9:00 AM-9:30 AM, lanes	
1 and 8 for diving and sprints.		
Name	MSC/USMS #	
SexAgeDate of BirthClub (wh	ere you practice)	
Telephone #Club (from your USMS card	l	
Address		
Event # Event Name Seed Time	Event # Event Name Seed Time	
1 200 Med Relay	10 200 Free Relay	
2 200 Free	11 100 Fly	
3 100 IM	12 50 Back	
4 100 Back	13 100 Free	
5 50 Free	14 200 IM	
6 200 Fly	15 50 Breast	
7 100 Breast	16 200 Back	
8 400 IM	17 50 Fly	
9 *25 Free	18 200 Breast	
*nonconforming event	19 500 Free	
TEN MINUTE BREAK		
Entries must be received by January 10th, 2	2013 and included the following:	
1. PHOTOCOPY OF USMS REGISTRATION.	2015 and included the following.	
2. CHECK OR MONEY ORDER FOR FEES, MADE OL		
3. SIGNED WAIVER: SEE BELOW	JI TO AUBURN STINGRATS.	
SEND ENTRIES TO:		
	Devictuation Insuringer	
Skaneateles YMCA and Community Center	Registration Inquires:	
97 State St. Skaneateles, NY 13152	betho@auburnymca.net	
Attn: Beth O'Sullivan	jdalziel77@gmail.com	
WAIVER: I, the undersigned participant, intending to be legally bou		
been otherwise informed by a physician. I acknowledge that I am awa (training and competition) including possible permanent disability or d		
CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMIN		
THERTO I HEREBY WAIVE ANY AND ALL PIGHTS TO CLAIMS FO		

THERTO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING INC., THE LOCAL MASTERS SWIMMING 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> (Rule Book Article 204.1).

Signature of Participant_