**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Male / Female (circle) Age (as of 12/31/13): \_\_\_\_\_\_\_\_**

**Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ USMS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This entry form along with meet fees must be received by January 9, 2013. Please send to: GSC, PO Box 20553, Juneau AK, 99802. Include a copy of your 2013 registration card.**

**You must include a seed time next to the event you would like to swim.**

**Seed Time Event Seed Time Event**

**Session 1 (no more than 3 events)**

**\_\_\_\_\_\_\_\_\_\_ #1/2 200 Freestyle \_\_\_\_\_\_\_\_\_\_ #3/4 50 back**

**\_\_\_\_\_\_\_\_\_\_ #5/6 100 Breast \_\_\_\_\_\_\_\_\_\_ #7/8 200 Fly**

**\_\_\_\_\_\_\_\_\_\_ #9/10 500 Free**

**Session 2 (no more than 3 events)**

**\_\_\_\_\_\_\_\_\_\_ #11/12 200 Medley Relay \_\_\_\_\_\_\_\_\_\_ #13/14 50 Free**

**\_\_\_\_\_\_\_\_\_\_ #15/16 100 Back \_\_\_\_\_\_\_\_\_\_ #17/18 200 Breast**

**\_\_\_\_\_\_\_\_\_\_ #19/20 50 Fly \_\_\_\_\_\_\_\_\_\_ #21/22 400 IM**

**Session 3 (no more than 3 events)**

**\_\_\_\_\_\_\_\_\_\_ #23/24 200 Free Relay \_\_\_\_\_\_\_\_\_\_ #25/26 100 Free**

**\_\_\_\_\_\_\_\_\_\_ #27/28 200 Back \_\_\_\_\_\_\_\_\_\_ #29/30 50 Breast**

**\_\_\_\_\_\_\_\_\_\_ #31/32 100 Fly \_\_\_\_\_\_\_\_\_\_ #33/34 200 IM**

**FEES**

**Facility Charge - $10.00**

**Swimmer Entry Fee - $3.00**

**Individual Entry Fee ($2.25 per event) - $\_\_\_\_\_\_\_\_\_\_\_**

**Relay Entry Fee ($5.00 per relay) - $\_\_\_\_\_\_\_\_\_\_**

**Late Fee ($5.00 per event) - $\_\_\_\_\_\_\_\_\_\_**

**Total - $\_\_\_\_\_\_\_\_\_\_**

**MAKE CHECKS PAYABLE TO GLACIER SWIM CLUB**

**Remember: Be sure to include a copy of your current 2012 USMS registration card.**

**“I, the undersigned participant, intending to be legal 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 possibly 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 RIGHT TO CLAIMS FOR LOSS OR DAMAGE 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 MEET OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This form must be signed or you will not be allowed to swim**