****

**LAWRENCE MASTERS SWIM CLUB JANUARY MEET**

DATE Sunday, January 20, 2013

LOCATION Indoor Aquatic Center, 4706 Overland Dr., Lawrence, KS 66049

MEET DIRECTORS Dulcy Sellon

SIGN UP/WARM UP 1:15 pm, warm-up continuously throughout the meet

START TIME 2:30 pm

REGISTRATION USMS registration is required. USMS registrations will be available on deck.

FEE Mailed entries at $30 to DULCY SELLON, 4708 BALTUSROL CT. LAWRENCE, KS 66049 (785-842-0771). They must be received by Jan. 17. $35 for swimmers deck entering on the day of the meet. Online entry will be available.

TIMING All events will be electronically timed. Each lane will have backup timers.

EVENT *SEED TIME* EVENT *SEED TIME*

1. 1650 free \_\_\_\_\_\_\_\_\_ 11. 50 back \_\_\_\_\_\_\_\_\_\_

2. 1000 free \_\_\_\_\_\_\_\_\_ 12. 200 IM \_\_\_\_\_\_\_\_\_\_

3. 50 fly \_\_\_\_\_\_\_\_\_ 13. 100 free \_\_\_\_\_\_\_\_\_\_

4. 200 breast \_\_\_\_\_\_\_\_\_ 14. 500 free \_\_\_\_\_\_\_\_\_\_

5. 100 back \_\_\_\_\_\_\_\_\_ 15. 200 Medley relay \_\_\_\_\_\_\_\_\_\_

6. 200 free \_\_\_\_\_\_\_\_\_ 16. 100 breast \_\_\_\_\_\_\_\_\_\_

7. 400 IM \_\_\_\_\_\_\_\_\_ 17. 50 free \_\_\_\_\_\_\_\_\_\_

8. 200 free relay \_\_\_\_\_\_\_\_\_ 18. 200 back \_\_\_\_\_\_\_\_\_\_

9. 50 breast \_\_\_\_\_\_\_\_\_ 19. 100 fly \_\_\_\_\_\_\_\_\_\_

10. 200 fly \_\_\_\_\_\_\_\_\_ 20. 100 IM \_\_\_\_\_\_\_\_\_\_

A maximum of 5 events may be entered. Enter NT if unsure of seed time.

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX \_\_\_\_BIRTHDATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

USMS NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign the waiver below and mail the entry and fee payable to Lawrence Masters Swim Club along with a copy of your USMS registration card to Dulcy Sellon at the above address.

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 risks inherent in Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all 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 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 203.1)

Signature Date

This meet is sanctioned by Missouri Valley USMS Swimming for USMS, INC., #2811-01