**QUAC “Ski-n-Swim” Swim Meet Entry Form**

**Saturday February 19, 2011**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender **:** \_\_\_\_\_\_\_Birth date: \_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2010-USMS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mixed Event (SCY) Seed Time

1. 200 Medley Relay: \_\_\_\_\_\_\_\_
2. 200 Freestyle: \_\_\_\_\_\_\_\_
3. 100 IM: \_\_\_\_\_\_\_\_
4. 50 Free: \_\_\_\_\_\_\_\_
5. 100 Back: \_\_\_\_\_\_\_\_
6. 100 Fly: \_\_\_\_\_\_\_\_
7. 50 Breast: \_\_\_\_\_\_\_\_
8. 200 Freestyle Relay: \_\_\_\_\_\_\_\_

----------------------------10 minute break -----------------------------------------------------------------

1. 500 Freestyle: \_\_\_\_\_\_\_\_
2. 200 IM: \_\_\_\_\_\_\_\_
3. 50 Backstroke: \_\_\_\_\_\_\_\_
4. 100 Freestyle: \_\_\_\_\_\_\_\_
5. 50 Butterfly: \_\_\_\_\_\_\_\_
6. 100 Breaststroke: \_\_\_\_\_\_\_\_
7. 200 Martini Relay: \_\_\_\_\_\_\_\_

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 SWIMMMING 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 SWIMMING COMMITTEES, THE CLUBS, HOST FACITLITIES, 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.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrator use only – Official USMS Sanction#

**Check payable to QUAC \_\_\_\_\_ Copy of USMS card/Registration \_\_\_\_ Check for USMS \_\_\_\_\_**