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| **Location:** | | | **Grand Haven High School Pool**  17001 Ferris St  Grand Haven, MI 49417 | | | |
| **Facilities:** | | | The facility is 25-yard, 8-lane pool. Colorado timing system & display, horn start. A continuous  warm-up/cool-down area will be provided in the Diving Well. Parking is free. Ample spectator seating.  *Keep all valuables with you or leave at home. Grand Haven Public Schools and Meet Director are not responsible for lost or stolen items.* | | | |
| **Meet Director:** | | Ken Danhof  4295 Carolyn St.  Muskegon, MI. 49444 | | | *Email:* [KJandM@comcast.net](mailto:KJandM@comcast.net)  *Phone:* (231) 739-5592 (home)  (616) 813-8394 (cell) | |
| **Schedule:** | | | *Session I (Events 1&2)*  Check-in / Deck Registration  Full Pool Warm-up  Meet Start  *Session II (Events 3-16)*  Check-in / Deck Registration  Diving Well Warm-up  Meet Start | | 9:15-10:15 a.m.  9:30-10:15 a.m.  10:30 a.m.  9:15-11:00 a.m.  Diving well will be available.  11:30 a.m. (approximate time) | |
| **Entry Limit/Fees:** | | | Entries postmarked/received by Monday, February 11 are $25.  Entries received after Monday, February 11 (or any Deck Entries) are $35.  Entry limit is 5 events plus 1 relay per swimmer.  Relays must be complete when arriving on the day of the meet, and cannot be completed using the Entry Form. **All entries must be sent to the *Meet Director—Ken Danhof—*listed above.**  *Make checks payable to:* WMMSA | | | |
| **Eligibility:** | | | Only swimmers who have a current USMS membership will be allowed to compete. A Photocopy of your 2013 Membership must accompany your entry. If you’re not currently a member, apply now on the web at **http://registration.usms.org/** and show your card/registration number when you arrive. | | | |
| **Seeding:** | | | Each event will be seeded by the pre-entered seedtime of each swimmer; with the slower heats first. The meet will be deck seeded according to times submitted, regardless of age and gender. No time (NT) will be seeded in the slower heats | | | |
| **Check-In:** | | | Swimmers who have pre-registered must check-in for *ALL* events. | | | |
| **Results:** | | | Results will be posted in the hall, and on the Michigan Masters website at the end of the meet. | | | |

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| Meet Entry Form | | | | | | | | | | | | |
| **Name:** |  | | | | **Date of Birth:** | |  | | | **Sex:** | |  |
| **Address:** |  | | | | **Email:** | |  | | | | | |
| **City/State:** |  | | | | **Zip:** | |  | | | | | |
| **USMS#:** |  | | | | **Phone#:** | |  | | | | | |
|  |  | |  |  |  | |  | |  | |  | |
|  |  | | **Event #** | **Seed Time** | **Event Description** | | | |  | |  | |
|  |  | | 1 |  | 1000 Freestyle | | | |  | |  | |
|  |  | | 2 |  | 200 Butterfly | | | |  | |  | |
|  |  | |  | Intermission |  | | | |  | |  | |
|  |  | | 3 |  | 200 Medley RELAY | | | |  | |  | |
|  |  | | 4 |  | 200 Freestyle | | | |  | |  | |
|  |  | | 5 |  | 200 Individual Medley | | | |  | |  | |
|  |  | | 6 |  | 50 Freestyle | | | |  | |  | |
|  |  | | 7 |  | 100 Backstroke | | | |  | |  | |
|  |  | | 8 |  | 200 Breaststroke | | | |  | |  | |
|  |  | | 9 |  | 50 Butterfly | | | |  | |  | |
|  |  | | 10 |  | 50 Backstroke | | | |  | |  | |
|  |  | |  | Intermission |  | | | |  | |  | |
|  |  | | 11 |  | 100 Individual Medley | | | |  | |  | |
|  |  | | 12 |  | 100 Freestyle | | | |  | |  | |
|  |  | | 13 |  | 100 Breaststroke | | | |  | |  | |
|  |  | | 14 |  | 100 Butterfly | | | |  | |  | |
|  |  | | 15 |  | 200 Backstroke | | | |  | |  | |
|  |  | | 16 |  | 50 Breaststroke | | | |  | |  | |
|  |  | |  |  |  | | | |  | |  | |
| I, the undersigned participant, intending to be legally bound, hereby certify that I m 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, ACITVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITES, MEET SPONSORS, MEET COMMITTEES OR ANY INDIVIDIUALS 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) | | | | | | | | | | | | |
| Emergency Contact Person: | |  | | |  | Emergency Contact Phone #: | |  | | | | |
| Signature: | |  | | |  | Date: | |  | | | | |