**2014 Lawrence Masters SCY Meet information**

**Sunday January 19th, 2014**

Sanctioned by Missouri Valley LMSC for USMS, Inc. Sanction 284-S001

*Location:* Indoor Aquatic Center, 4706 Overland Dr, Lawrence, KS 66049

*Directions:* The pool is a block north of 6th and Wakarusa, two major arteries in western Lawrence.

*Date and time: Ch*eck in/deck entry 9:45 to 10:30. First event begins at 11:00am

*Eligibility:* Applications for USMS membership will be available at check-in, but the preferred method is to register ONLINE at [www.movymasters.com](http://www.movymasters.com) or [www.usms.org](http://www.usms.org) **Non-MOVY swimmers please send a copy of your USMS registration with your entry.**

*Rules:* 2014 USMS rules will govern the conduct of them meet. Events will be deck seeded, slowest to fastest. Entries with no times will be seeded in the slowest heats. Ages and sexes will be mixed. Note your age for this meet is your age on 1-12-2014.

*Limits:* Swimmers are limited to 5 events, not including relays. Please be aware that this could be a fast running meet, and if you choose to enter back-to-back events, your rest could be short.

*Fees:* $25 entry fee; late and deck entries are $30. Make checks payable to **Lawrence Masters.**

*Entry Deadline:* Mail in entries should be postmarked by January 13th for the $25 rate. Late and deck entries are $30. Online meet registrations are paid by credit card to **ClubAssistant.com Events.**

*Entries: https://www.clubassistant.com/club/meet\_information.cfm?c=1603&smid=5147*

*Entries will close Thursday, January 9th at midnight to allow heat/psych sheets to be posted.*

OR Mail to the **Meet Director:**

Dulcy Sellon

4708 Baltusrol Ct

Lawrence, KS 66049

ghsellon@gmail.com

*Hotels:* There are at many hotels within 15 minutes of the pool, when searching Lawrence, KS

**Entry Form—2014 Lawrence Masters SCY meet**

**Sunday January 19th, 11:00 am, warm up at 10:00**

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

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Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age on 1-19-2014\_\_\_\_\_\_ Sex \_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_Birthdate \_\_\_\_\_\_\_\_\_\_

Best telephone contact number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2014 USMS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle event number and enter seed time (or “NT” for no time)

**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 \_\_\_\_\_\_\_\_**

**10 minute break 10 minute break**

**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 \_\_\_\_\_\_\_\_**

**RELEASE FROM LIABILITY: 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 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 neglect, active or passive, of the following: United States Masters Swimming, Inc., the Local Masters Swimming committees, the Clubs, Host Facility, meet sponsors, meet committee, 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.**

Date \_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enclose:** Your $25 check payable to **Lawrence Masters**. Postmark by January 13th to

Dulcy Sellon 4708 Baltusrol Ct Lawrence, KS 66049