

MN Masters Icebreaker Meet University of Minnesota Aquatic Center Sunday, January 19, 2013



swimming		Sunday,	SWIMMIN				
Schedule:	Warm-up	s – 9:00-9:45	N	leet – 10:00 to	2:00		
Meet Sanction	n tbd	tbd					
Meet Director	r David Be	David Bergquist (bergquist.david@yahoo.com)					
Entry informa	ntion You must	You must be USMS registered to participate (\$46 annual fee or \$15 "one event" fee)					
	\$25 meet	\$20 meet fee for "early bird" registration on or before Sunday January 5 \$25 meet fee advance registration on or before Thursday January 16 \$30 meet fee deck entry day of meet ENTRIES CLOSE 30 minutes prior to Meet Start Time					
		Entry fees are non-refundable. Register online at: https://www.clubassistant.com/club/meet_information.cfm?c=1156∣=4973					
		Or fill out this form and mail to David Bergquist, 1412 Hwy 33 South, Cloquet, MN, 55720 (make checks payable to Minnesota LMSC).					
	Positive of	Positive check in required for all events 400 yards and longer.					
Relays:	start of th and last n	e break before each rel	lay. All wimmer	relays must co . Each card m	omplete a relay entry out to be completed com	e accepted through the card complete with first pletely with club name pe of relay.	
Results:	Will be p	osted at the meet and o	on line a	t www.minnes	sotamasters.com withi	n one week.	
Event Number	Event	Entry Time		Event Number	Event	Entry Time	
1	100 IM	:		11	50 Breast	:	
2	100 Breast	:		12	500 Free	:	
3	200 Fly	:		13	100 Fly	:	
4	200 Free	:		14	200 Free Relay	N/A	
5	50 Back	:		15	100 Back	:	
6	400 IM	:		16	50 Free	:	
7	200 Breast	:		17	200 IM	:	
8	400 Medley Relay	N/A		18	400 Free Relay	N/A	
9	100 Free	:		19	200 Back	:	
10	50 Fly	:		20	1000 Free	:	
Print Name:	- <u></u>			☐Male ☐Fe	emale USMS #:		
Birthdate: _	//Age: _	Club:			Phone:	-	
I. the undersioned	d participant, intending to	be legally bound, hereby cer	rtify that I	am physically fit	and have not been otherwi-	se informed by a physician. I	

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 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, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITIED 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)

Please Sign:	T 4
Pleace Sign.	Date:
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