



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MASTERS SWIM MEET REGISTRATION

Date: _____

All Participants who PRE-REGISTER by MARCH 14 are guaranteed a Meet T-shirt.

Name: _____ Birth Date: _____ Shirt Size: _____

Email: _____ Phone: _____ Gender: _____

CHOOSE A DIVISION. (SWIMMERS CANNOT COMPETE IN BOTH DIVISIONS)

COMPETITIVE (COMP)[USMS Recognized]
\$20 - Community
\$10 - Full Members

RECREATIONAL (REC)
\$10—Community
\$5—Full Members

CHECK THE EVENTS YOU WOULD LIKE TO PARTICIPATE IN. (MAXIMUM OF 5 EVENTS PER SWIMMER)
(EVENTS WILL BE RUN IN THIS ORDER DAY OF MEET).

500 FREE - COMP* [SEED TIME: _____]

50 BACK - REC

50 FREE - REC

100 BACK - COMP [SEED TIME: _____]

50 FREE - COMP [SEED TIME: _____]

25 FLY - REC

25 FREE - REC

100 FREE - COMP [SEED TIME: _____]

100 BREAST - COMP [SEED TIME: _____]

25 BACK - REC

25 SIDESTROKE - REC

50 BREAST - COMP [SEED TIME: _____]

50 BACK - COMP [SEED TIME: _____]

25 BREAST - REC

15 MINUTE BREAK

50 FLY - COMP [SEED TIME: _____]

400 IM - COMP* [SEED TIME: _____]

100 IM - COMP [SEED TIME: _____]

The last events of the day will be Fun Relays. These will be Deck Seeded.

*Anyone who pre-registers by March 14 and completes both the 500 FREE and 400 IM will earn a Distance Challenge T-Shirt.

Participation Agreement: I grant the YMCA of Greater St. Louis, its agents and the news media the right to photograph me and/or my family including children and to use the photos for news and publicity purposes. I agree to participate in the YMCA program and to comply with all rules and regulations. I further agree that I will not hold the YMCA, its directors, officials, agents, employees and volunteers responsible in case of accident or injury. I understand that no accident insurance is provided. I also agree to abide by the YMCA of Greater St. Louis standards and guidelines.

Signature: _____ Date: _____

**Mail, Fax or Email Registration to:
or register in person**

Masters Swim Meet Registration
Four Rivers Family YMCA
400 Grand Ave.
Washington, MO 63090

Phone: 636-239-5704
Fax: 636-239-5759

Email: ASchneider@ymcastlouis.org SUBJECT: MASTERS SWIM MEET REGISTRATION

Payment Information:

CASH Amount Paid: _____

CHECK Check No.: _____ Amount Paid: _____

CREDIT Credit Card #.: _____

Exp. Date: _____ Bank: _____