



2014 POWERADE STATE GAMES OF NORTH CAROLINA INDIVIDUAL SWIMMING ENTRY FORM

The individual entry fee for swimming is \$25 regardless the number of events entered (8 max, but no more than 4 per day). Competition starts at 8:00 a.m. each day for morning sessions. The pool will open for warm-ups at 6:45 a.m. Competition starts no earlier than 1:00 p.m. for afternoon sessions. Warm-ups will start no earlier than 12:00 p.m. The entry deadline for this sport is Wednesday, June 18. Fill out the form completely including the Event Name/Division at the bottom. Be sure to sign the Agreement to Participate (or have a Parent or Legal Guardian sign if under 18) on the back of the form or your registration will not be accepted.

PARTICIPANT INFORMATION – PLEASE TYPE OR PRINT CLEARLY

Last Name _____ First Name _____ () _____ - _____
 Day Phone
 () _____ - _____
 Evening Phone
 Mailing Address _____ DOB ____ - ____ - ____
 Month Day Year Age* Sex
 City _____ Zip Code _____ County _____
 E-mail Address _____ @ _____
 Team Name: _____

**Note: Please give your age as of the first day of your competition.*

PERSON TO CONTACT IN CASE OF AN EMERGENCY

Last Name _____ First Name _____ () _____ - _____
 Day Phone
 () _____ - _____
 Evening Phone

Meet Approval Info

Recognized by LMSC for NC for USMS, Inc, **Recognition #**

Enter Swimming Events: 4 Max per day		
Events	Seed Time	Make check payable to State Games of NC
1. _____	_____	Entry fee \$ <u>25</u>
2. _____	_____	
3. _____	_____	Please consider a tax- deductible donation when you register. \$ _____
4. _____	_____	
5. _____	_____	Total Enclosed \$ _____
6. _____	_____	
7. _____	_____	
8. _____	_____	

**ENTRANT MUST READ AND SIGN THE AGREEMENT TO PARTICIPATE ON THE NEXT PAGE OR THE ENTRY WILL
BE RETURNED**
(Parent or legal guardian must sign if the entrant is under 18 years old.)



POWERADE
STATE GAMES
OF NORTH CAROLINA

ATHLETE AGREEMENT TO PARTICIPATE FORM

In consideration of being allowed to participate in any way in the POWERADE STATE GAMES OF NORTH CAROLINA athletic/sports program and its related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS NORTH CAROLINA AMATEUR SPORTS, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

X _____
PRINTED NAME OF PARTICIPANT

X _____
PARTICIPANT’S SIGNATURE DATE

FOR PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
PARENT/GUARDIAN’S SIGNATURE

_____ DATE
EMERGENCY PHONE #

_____ DATE