

Central Florida Marlins Masters “Summer” Splash - ENTRY FORM

Sponsored by: Central Florida Marlins Masters Swim Team
Sanctioned by: Florida LMSC for USMS Inc. – Sanction #144-S003
Meet Director: Bill Vargo
Meet Referee:
Date & Time: Sunday, July 13, 2014

Location: Newton A. Perry Aquatic Center – Ocala, FL.
Located on the College of Central Florida Ocala Campus
I-75 & SR 200
3001 SW College Road – Ocala, FL. 34474

Pool: 8 lanes 50 meters with warm up and warm down available
2 Hand held watches for all events

Warmup: 10:00am
Meet Start: 11:00am

Eligibility & Rules: Open to all Masters, ages 18 and older. **A copy of your 2014 USMS card must be attached to the entry form.** USMS rules will govern the meet.

Entries: Swimmers must pre-enter by mail. Swimmers may swim up to 5 individual events. Single fee of \$ 25.00 covers entry fee and facility charge. E-mail confirmation of entry receipt will be provided if you indicate such on the entry form. There will be no deck entries.

Entry Deadline: **Meet entries must be postmarked by Saturday, July 5, 2014.** Late entries received by mail (postmarked after July 5) , phone or e-mail after July 5 will be accepted with an additional \$ 10.00 fee until Tuesday, July 8, 2014.

Information: Bill Vargo 352-873-5811 or OcalaMarlins@aol.com

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: (____)_____

E-mail Address: _____

Age as of December 31, 2014: _____ Date of Birth: _____ Sex: _____

USMS Registration #: _____ Team Initials: _____

continued on next page

Please circle event numbers and enter a time

Women's Events	Entry Time	Event in Meters	Men's Events	Entry Time
1	_____	200 M Free	2	_____
3	_____	200 M I.M.	4	_____
5	_____	50 M Fly	6	_____
7	_____	200 M Breast	8	_____
15 minute break				
9	_____	100 M Breast	10	_____
11	_____	50 M Back	12	_____
13	_____	100 M Free	14	_____
15 minute break				
15	_____	100 M Fly	16	_____
17	_____	50 M Breast	18	_____
19	_____	400 M I.M.	20	_____
21	_____	200 M Back	22	_____
15 minute break				
23	_____	100 M Back	24	_____
25	_____	50 M Free	26	_____
27	_____	200 M Fly	28	_____
15 minute break				
29	_____	400 M Free	30	_____

Please read and sign:

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 off all of 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: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS VOLUNTEERING OR OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. IN ADDITION, I AGREE TO ABIDE BY AND BE GOVERNED BY THE RULES OF USMS.

Name (print): _____ Signature: _____

Date: _____

ENTRY FEE (Make check payable to Ocala Aquatics) - \$ 25.00

MAIL TO: Bill Vargo – 430 SW 43rd Pl. – Ocala, Fl. 34474