**2014 PANAMA CITY BEACH MASTERS JULY SPLASH  
07/12/2014**

USMS SANCTION NUMBER: TBD

USMS EVENT ID: TBD

HOST CLUB: Panama City Swim Team

MEET DIRECTOR: **Phillip Wood**

205-706-7022

Email: coachphillip27@gmail.com

MEET REFEREE: **TBD**

Email:

LOCATION: Frank Brown Park Aquatic Center

16200 Panama City Beach Parkway

Panama City Beach, FL 32413

Directions to the Frank Brown Park Aquatic Center can be found on [www.panamacityswimteam.com](http://www.panamacityswimteam.com)

RULES: 2014 USMS Rules and Southeastern LMSC Safety guidelines and warm-up procedures will govern. Safety guidelines specify feet-first entry during warm-ups, except for designated sprint lanes. All events will be timed finals.

ELIGIBILITY: All swimmers must be registered with United States Masters Swimming, Inc. Swimmers need to attach a copy of their USMS card to their entry forms or will be asked to show a 2014 USMS registration card upon check-in. Swimmers must be USMS registered before swimming any events at the meet.

MEET DATE/START TIME:

Saturday, July 12, 2014 OPEN Warm-ups: 1:00pm

Meet Start: 2:00pm

SEEDING: All events will be seeded slowest to fastest without regard to age or gender. Swimmers with no seed time may indicate “No Time” or “NT” in the time slot and will be seeded as slowest times. Please avoid using “NT” times whenever possible and please use realistic times. Results will be tabulated by gender and age group, as defined by USMS.

ENTRIES & FEES: A swimmer may enter up to five (5) individual events for a $30 flat fee. Late entries, as well as deck entries, will not be accepted. We encourage online entries through the Club Assistant system.  Entry information is at <https://www.clubassistant.com/club/meet_information.cfm?c=2105&smid=5278> you will be able to submit your entry times, use a secure site for payment of fees, sign the standard USMS waiver electronically, and have your USMS membership verified through this system.  You will also be able to access the USMS database of times associated with your USMS registration number to help you determine appropriate seed times.  Online entries will reduce the workload associated with putting together a meet. If you cannot or choose not to use the online system, please submit your entry on the attached form. Be sure to sign the waiver, attach a copy of your current USMS registration card, and a check payable to **Panama City Swim Team**.

DECK ENTRIES:Deck entries will not be allowed.

DEADLINES: Online entries and fees must be received by noon on Monday, July 7, 2014. The online entry system will not allow late entries. Paper entries must be received (not postmarked) by Friday July 4, 2014. Any paper entries require an additional $10 fee.

Please submit entries to:

ENTRY CHAIR: Panama City Swim Team [Coachphillip27@gmail.com](mailto:Coachphillip27@gmail.com)

300 Cabana Blvd. #2803

Panama City Beach, FL 32407

FACILITY: The Frank Brown Park competition pool is 50 meters by 25 yards. Pool depth varies from 4ft to 12ft. It is equipped with electronic timing, and scoreboard. Competition will run in 6 lanes with 1 lane available for warm up/warm down and a buffer lane between.

**2014 PANAMA CITY BEACH MASTERS JULY SPLASH**

**Order of Events**

**Event # (W/M)**

1/2       400 Free

3/4       50 Back

5/6       100 Breast

7/8       200 Fly

9/10     50 Free

10 Minute Break

11/12   400 IM

13/14   50 Fly

15/16   200 Free

17/18   100 Back

19/20   200 Breast

10 Minute Break

21/22   100 Free

23/24   200 Back

25/26   50 Breast

27/28   200 IM

29/30   100 Fly

**2014 PANAMA CITY BEACH MASTERS JULY SPLASH ENTRY FORM**

USE THIS FORM ***ONLY*** IF YOU CAN NOT USE ONLINE ENTRY.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age as of 07/12/2014: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

USMS Registration #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Initials: \_\_\_\_\_\_\_

**Please circle event numbers and enter a time!**

Women’s Entry Time Event in Meters Men’s Entry Time

1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 400 Free 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 50 Back 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 100 Breast 6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 200 Fly 8 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

9 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 50 Free 10 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

11 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 400 IM 12 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

13 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 50 Fly 14 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

15 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 200 Free 16 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

17 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 100 Back 18 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

19 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 200 Breast 20 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

21 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 100 Free 22 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 200 Back 24 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

25 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 50 Breast 26 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

27 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 200 IM 28 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

29 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 100 Fly 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 of 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: \_\_\_\_\_\_\_\_\_\_

**WAIVER MUST BE SIGNED OR ENTRY WILL NOT BE ACCEPTED**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENTRY FEE ($30) $\_\_\_\_\_\_\_\_

PAPER ENTRY FEE ($10) $\_\_\_\_\_\_\_\_

TOTAL $\_\_\_\_\_\_\_\_

(Check payable to **PCST**)

Check Number #\_\_\_\_\_\_\_\_

Mail to:

Phillip Wood

Panama City Swim Team

300 Cabana Blvd. #2803

Panama City Beach, FL 32407

**Attach a copy of 2014 USMS registration card here.**