

2014 Milan Masters Kick-Off

Date: Sunday October 5th, 2014

Sanction # 194-S011

Location: Milan High School, 200 Big Red Dr, Milan MI 48160

Directions: **From US 23 Southbound** -- Exit Carpenter Rd, Exit 27. Turn right. At first light, turn right on Arkona. Arkona dead ends into Platt. Turn Left on Platt. Take Platt through town to Redman Rd. Turn Right. (You will see high school behind elementary building). Turn into school.

From US-23 NorthBound -- Exit at Plank Rd. Turn right toward town. Turn left at the stop sign onto Main St. Go to the second red light and turn left onto Platt Rd. Go approx. 1 mile to Redman. Turn Right on Redman Rd. Turn into school.

Facility: This meet will be swum as Short Course yards (SCY). The length of the competition course without a bulkhead is in compliance and on file with USMS in accordance with articles 105.1.7 and 107.2.1. The 25 yd 8-lane pool with Colorado Timing System has an attached diving well that will be used for warm up/down during the meet. There is plenty of parking and seating for spectators. Locker rooms are available; however locker space may be limited. Milan is not responsible for lost or stolen items, so please bring a lock.

Meet Director: **Kerry Frame**
Mobile Phone 734-646-5819

Eligibility: Only swimmers who have a current USMS membership will be allowed to compete. A Photocopy of your 2014 Membership should accompany your entry. If you're not currently a member, you can join online at <http://registration.usms.org/>

Entries: We will be using Hy-Tek, so early entries are appreciated. Checks should be made payable to **Milan Swim Club**. Each competitor may enter a maximum of **5 events**. Mailed or faxed entries received by October 2nd will be \$25.00. Deck entries will be \$30.00. Using the entry form, mail entries, a photocopy of membership and fees to:

Kerry Frame
345 Anderson St
Milan, MI 48160

Faxed entries may be sent to Milan High School – (734) 439-5084, Attn: **Dan Heikka**. Remember, entry fees will be due at check-in for faxed entries

Times: **Session I:** Check in and Warm up 8:00 am-8:40 am
Session I Starts 8:45 am and will consist only of the first 16 entries received for the 1000 Free. We will contact you if you're **not** in the 1,000. If not at max and you are coming early, we will allow deck entries on a first come basis.

Session II: Deck Registration for Session II only will close at 9:30 am. Check in and Warm up will begin when 1,000 is done and ends at 10:20 am. Session II will start at 10:30. There is one intermission scheduled. An additional intermission may be scheduled at the discretion of the meet director if there are 50 or fewer swimmers in attendance

Lunch will be provided by the Milan Girls Swim and Dive Team and is included in your entry fee.

*All proceeds from the meet will go towards operating expenses for the Milan High School Girls Swimming and Diving Teams.
Please help spread the word about this great event!*

Michigan Masters Swimming and Milan Masters Swimming Present the

2014 Milan Masters Kick-Off

Name _____ E-Mail _____
 Address _____ City: _____ Zip _____
 Date of Birth _____ Phone: (____) _____
 Sex: _____ Age: _____ USMS# _____

Event #	Event	Seed Time
<i>Session I: Warm-Up 8AM – Session Starts 8:45AM</i>		
1	1000 Freestyle <i>1st 16 Entries received are in. You will be contacted in advance if you are not in. Deck entries allowed if the 16 swimmer max has not been met</i>	
<i>Session II: Warm up begins at the conclusion of the 1000 free. Session Starts 10:30 Deck Registration closes at 9:30AM</i>		
2	200 Medley Relay (Deck Entered)	
3	100 IM	
4	200 Freestyle	
5	50 Butterfly	
6	100 Breaststroke	
7	200 Backstroke	
8	50 Freestyle	
9	200 IM	
<i>-----Intermission-----</i>		
10	200 Free Relay (Deck entered)	
11	100 Butterfly	
12	200 Breaststroke	
13	50 Backstroke	
14	100 Freestyle	
15	200 Butterfly	
16	50 Breaststroke	
17	100 Backstroke	
18	400 IM	
19	500 Freestyle	

MAILED OR FAXED ENTRIES MUST BE RECEIVED BY OCTOBER 2nd

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 RIGHT TO CLAIMS FOR LOSS OR DAMAGE, 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 OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS. (Rulebook article 203.1)

Signature: _____ Date: _____
 Emergency Contact (a person who is available during the meet)
 Name- _____ Phone # (____) _____ - _____

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