
CORNERSTONE AQUATICS CENTER 2014 HARVEST MEET

Sunday, November 16, 2014

8AM Warm-up; Meet begins at 9:00AM

25-yard, seven-lane meet w/ three continuous warmup/warmdown lanes

Swimmer Information

Name: _____ USMS/MSC #: _____

Gender: _____ Age on 12/31/14: _____ Date of Birth: _____

Address: _____
street city state zip

Telephone: _____ email: _____

Emergency Contact: _____
name & phone #

EVENTS	ENTRIES	SEED TIME
4x100 Free Relay	<input type="checkbox"/>	<u>deck entry / no fee</u>
100 IM	<input type="checkbox"/>	_____
50 Fly	<input type="checkbox"/>	_____
100 Back	<input type="checkbox"/>	_____
50 Breast	<input type="checkbox"/>	_____
100 Free	<input type="checkbox"/>	_____
200 IM	<input type="checkbox"/>	_____
[break]		
4x100 Medley Relay	<input type="checkbox"/>	<u>deck entry / no fee</u>
50 Free	<input type="checkbox"/>	_____
100 Fly	<input type="checkbox"/>	_____
50 Back	<input type="checkbox"/>	_____
100 Breast	<input type="checkbox"/>	_____
200 Free	<input type="checkbox"/>	_____
[break]		
4x50 Free Relay	<input type="checkbox"/>	<u>deck entry / no fee</u>
4x50 Medley Relay	<input type="checkbox"/>	<u>deck entry / no fee</u>

Bonus Events (time permitting, 1 free entry for every 3 events entered above)

400 IM	<input type="checkbox"/>	<u>deck entry</u>
200 Back	<input type="checkbox"/>	<u>deck entry</u>
200 Breast	<input type="checkbox"/>	<u>deck entry</u>
200 Fly	<input type="checkbox"/>	<u>deck entry</u>
500 Free	<input type="checkbox"/>	<u>deck entry</u>

Entry Fee: \$15.00 + (_____ x \$5.00) = _____
per person # of events total due

All entries must be received (**NOT** postmarked) by November 10, 2014). No deck entries.
Make checks payable to Cornerstone Aquatics Center
Mail Entry Form, Waiver (see reverse/second page), Copy of USMS Card, & Payment to:
Cornerstone Aquatics Center / 55 Buena Vista Rd. / West Hartford, CT 06107

LIABILITY RELEASE: 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 THIS MEET 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, AQUATICS FOR LIFE, INC., THE TOWN OF WEST HARTFORD 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. (Rule book article 2014.1)

SIGNATURE: _____ DATE: _____
PRINT NAME: _____