



**CLEVELAND STATE SPLASH BASH!  
LONG COURSE METERS (LCM) SWIM MEET  
BUSBEY NATATORIUM - CLEVELAND STATE UNIVERSITY  
CLEVELAND, OHIO  
September 26, 2015**

**USMS Recognition:**

**DATE:** Saturday, September 26, 2015 Warm-ups: 7:30 a.m. Meet: **800 Freestyle to begin at 8:00am**. The remainder of events will begin 30 minutes after the conclusion of 800 Freestyle. Deck entries will be accepted until 8:30 a.m. for all events but the 800 Freestyle.

**NATATORIUM:** The Cleveland State University Busbey Natatorium, 2451 Euclid Ave., Cleveland, OH, was designed by one of our members, Peter van Dijk, and is recognized as one of the fastest pools in the country. The pool is a 9-lane 50-meter pool, equipped with automatic timing and digital read-out board.

**LOCATION:** To reach Busbey Natatorium, take I-90 to downtown Cleveland and exit at Chester Avenue. The Natatorium is located off this exit just west of I-90. It is the large brick building between Chester and Euclid Avenues.

**ELIGIBILITY:** Anyone who can swim at least 50 meters

**AGE GROUPS:** AGE OF COMPETITORS ON **DEC 31, 2015** WILL DETERMINE AGE/AGE GROUP.

Age groups are: 18-24, 25-29, 30-34, . . . , 80-84, 85-89, 90+.

**SEEDING:** Heats will be formed by submitted times, regardless of age or sex, and progress from fast to slow to "No Time" and Deck Entries.

**DEADLINE:** Entries must be received September 23, 2015. Deck entries, *with the exception of the 800 Freestyle*, will be accepted until 8:30 a.m. on Saturday

**FEES:** Entry Fee is \$20.00. (CSU students free) Fees must accompany entry forms. Make checks payable to: Cleveland State Swimming and Diving (all proceeds to this meet will benefit CSU swimming and diving). Deck entry fee is \$25.

**MEET DIRECTOR:** Paul Graham – Please send entries and any inquiries to [p.e.graham@csuohio.edu](mailto:p.e.graham@csuohio.edu)

**ORDER OF EVENTS**

**Saturday, September 26, 2015**

- 1- 800 Freestyle + Combined
- 2/3-200 Freestyle + Women/ Men
- 4/5- 100 Backstroke + Women/ Men
- 6/7 – 100 Breaststroke + Women/Men
- 8/9- 200 Butterfly + Women/Men
- 10/11-50 Freestyle + Women/Men
- BREAK - Heritage project dedication**
- 12/13-100 Freestyle + Women/Men
- 14/15-200 Backstroke + Women/Men
- 16/17-200 Breaststroke+ Women/Men
- 18/19-400 Freestyle + Women/Men
- 20/21-100 Butterfly + Women/Men
- BREAK
- 22/23-200 IM + Women/Men

**ENTRY FORM**  
**CLEVELAND STATE SPLASH BASH!**  
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**BUSBY NATATORIUM - CLEVELAND STATE UNIVERSITY**  
**CLEVELAND, OHIO**  
**September 26, 2015**

**USMS Recognition:**

NAME \_\_\_\_\_ SEX \_\_\_\_ AGE ON DEC 31, 2015 \_\_\_\_ BIRTHDATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ TEAM \_\_\_\_\_ or UNattached \_\_\_\_ USMS # \_\_\_\_\_ (include copy of card)

Enter your events and seed times on this form.

**SATURDAY, September 26, 2015** 800 Freestyle will begin at 8:00am, remaining events 30 minutes after conclusion of 800 Freestyle

Swimming Fees: Individual \$20.00

Deck Entries \$25.00

**Donation to CSU swimming and diving team \$ \_\_\_\_\_**

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

1- 800 Freestyle + Combined	_____
2/3-200 Freestyle + Women/ Men	_____
4/5- 100 Backstroke + Women/ Men	_____
6/7 -100 Breaststroke + Women/Men	_____
8/9- 200 Butterfly + Women/Men	_____
10/11-50 Freestyle + Women/Men	_____
<b>BREAK – Heritage project dedication</b>	
12/13-100 Freestyle + Women/Men	_____
14/15-200 Backstroke + Women/Men	_____
16/17-200 Breaststroke+ Women/Men	_____
18/19-400 Freestyle + Women/Men	_____
20/21-100 Butterfly + Women/Men	_____
BREAK	
22/23-200 IM + Women/Men	_____

**All proceeds to this meet will benefit CSU swimming and diving**

**Deadline: September 23, 2015**

Make checks payable to: Cleveland State Swimming and Diving

Mail entry:

Cleveland State University  
Paul Graham Head Swim Coach  
2121 Euclid Avenue  
Cleveland,OH 44115  
p.e.graham@csuohio.edu

Release by Participant from Liability:

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 \_\_\_\_\_