



California Senior Games Championships

Swim Meet Entry Application



Sunday, June 5, 2016

Meet Director: Robert Mitchell - Competition Questions (949) 689-7946

E-Mail: swimworks@gmail.com

Recognized by Southern Pacific LMSC for U.S. Masters Swimming

Recognition Number: 336-R002

Facility: Rose Bowl Aquatics Center, Pasadena. Outdoor, heated, with additional lanes for warm-up/cool down during meet. Locker room facilities are available. Please bring your own lock.

Rules: 2016 USMS Rules will govern the Advanced Division of the Meet. Recognized by Southern Pacific LMSC for U.S. Masters Swimming. Allswimsuits must conform to USMS Rule 102.12. Times in the Advanced Division will be submitted to the Top Ten Recorder. There is a limit of 5 events in the Advanced Division and 6 in the Novice.

Fees: Registration Fee of \$35.00, Processing Fee of \$7.00, plus \$6.00 per event. Fee includes Celebration of Athletes, T-Shirt, Official Program, Goody Bag, and Results Book.

On-line registration is available at www.pasadenaseniiorcenter.org - Senior Games

If registering by mail: Please return Senior Games Entry Application, Swim Meet Entry, copy of USMS Card and Fees to:

Pasadena Senior Center, 85 East Holly Street, Pasadena, CA 91103

Registration questions: (626) 685-6754, CynthiaR@pasadenaseniiorcenter.org

Meet Procedures:

- The Advanced Division will swim LCM. The Novice Division will swim SCY.
- **USMS ENTRANTS: The 100 IM will be swum SCY in the Novice Division.** Masters swimmers may enter the Novice Division if they do not duplicate events.
- Novice events are for swimmers with minimum competitive experience.
- Non-USMS swimmers may enter the Advanced Division.
- Submitted times. All events will be seeded men and women mixed - slow to fast by entry time. Please submit an entry time estimate for each event. To convert a time from SCY to LCM, add 10% to a SCY time. If you do not have a previous result time, please estimate.

Order of Events Advanced Division

9:00 a.m. (Warm-ups start at 8:00 a.m.) – \$6.00 per event

Order for 200M Butterfly and 400M I.M. - TBA

- | | |
|----------------------|------------------------|
| 1. 400 M Freestyle | 8. 50 M Backstroke |
| 2. 50 M Breaststroke | 9. 100 M Butterfly |
| 3. 100 M Backstroke | 10. 50 M Freestyle |
| 4. 50 M Butterfly | 11. 100 M Breaststroke |
| 5. 200M Breaststroke | 12. 200 M Backstroke |
| 6. 100 M Freestyle | 13. 200 M Freestyle |
| 7. 200 M I.M. | |

Novice Division

3:00 p.m. (Warm-ups start at 2:30 p.m.) – \$6.00 per event

- | | |
|------------------------|------------------------|
| 1. 25 Yd. Freestyle | 7. 25 Yd. Breaststroke |
| 2. 50 Yd. Breaststroke | 8. 50 Yd. Backstroke |
| 3. 25 Yd. Backstroke | 9. 25 Yd. Butterfly |
| 4. 50 Yd. Butterfly | |
| 5. 100 Yd. I.M. | |
| 6. 50 Yd. Freestyle | |

Attach USMS card here

California Senior Games Championships Swim Meet Entry Form

All Swimmers must complete this form in addition to the 2 page Entry Application and submit both with the proper Event Fees. If you are a member of United States Masters Swimming, attach a copy of your 2016 membership card and complete all other information. Non-USMS swimmers need only complete the personal information. **Do not forget to sign the Waiver on the Entry Application.**

Please Register me for the following Events: One-time Registration Fee: \$35.00, plus Processing Fee of \$7.00

Advanced Division—Registration and Processing Fees plus \$6.00 per event

FREESTYLE:	<input type="checkbox"/> 50M	<input type="checkbox"/> 100M	<input type="checkbox"/> 200M	<input type="checkbox"/> 400M
BACKSTROKE:	<input type="checkbox"/> 50M	<input type="checkbox"/> 100M	<input type="checkbox"/> 200M	
BREASTSTROKE:	<input type="checkbox"/> 50M	<input type="checkbox"/> 100M	<input type="checkbox"/> 200M	
BUTTERFLY:	<input type="checkbox"/> 50M	<input type="checkbox"/> 100M	<input type="checkbox"/> 200M	
I.M. (4 strokes) 50M	<input type="checkbox"/> 200M	<input type="checkbox"/> 400M		

Novice Division—Registration and Processing Fees plus \$6.00 per event

FREESTYLE:	<input type="checkbox"/> 25 Yd.	<input type="checkbox"/> 50 Yd.
BACKSTROKE:	<input type="checkbox"/> 25 Yd.	<input type="checkbox"/> 50 Yd.
BREASTSTROKE:	<input type="checkbox"/> 25 Yd.	<input type="checkbox"/> 50 Yd.
BUTTERFLY:	<input type="checkbox"/> 25 Yd.	<input type="checkbox"/> 50 Yd.
I.M. (4 strokes) 25Y	<input type="checkbox"/> 100 Yd.	(Counts toward 5 event limit in Advanced Division)

Total Swimming Fees Due: \$ _____

Name _____		USMS # _____	
Street Address _____		City _____	State _____ Zip _____
Phone _____		Age _____	Birthdate _____ Sex _____ T-Shirt Size _____
		(mm/dd/yy)	
E-Mail Address: _____			

Event & Number	Est. Time

Event & Number	Est. Time

Release of Liability

PHOTO & FILM WAIVER: I hereby grant full permission to the organizers, their agents, employees, and representatives to use my name, voice, and/or picture or film in any broadcast, telecast, advertising, promotion or other use in relation to the California Senior Games Championships (CSGC).

LIABILITY WAIVER: I, the undersigned participant, hereby agree to indemnify and hold harmless the Pasadena Senior Center, the organizers of the California Senior Games Championships, hereinafter sometimes referred to as sponsors, their agents, employees, and representatives and assigns, from any and all actions or claims of whatsoever kind or nature which I or my representatives or assigns may have or at any time in the future have due to any injury or property damage arising out of my participation in the CSGC. I understand and agree that any dispute over injury or property damage caused by myself or another participant must be settled between the individuals. I warrant and represent to the organizers that I have prepared myself for the event(s) which I have entered by practicing the same prior to my participation. I warrant and represent that I am in good physical health and condition, am physically able to compete in the event(s), and know of no physical restriction whatsoever which would prohibit my participation in the CSGC. I have been advised by the organizers that it would be in my best interest to consult a physician prior to my preparation for and participation in this event. I recognize and understand that the preparation and competition may necessitate strenuous physical activity and could possibly activate an unrecognized pre-existing cardiovascular disorder which I may have, thereby resulting in serious or life-threatening physical harm to me. The organizers have my permission to have a physician treat me during my participation in the CSGC.

Signature _____ Date _____