

CORAL SPRINGS SCY "Last Chance "

MASTERS SWIM MEET

- **DATE & TIME:** **May 5th., 2012**
Warm Up: 11:00 am ~ Meet starts 12 pm
- **LOCATION:** Coral Springs Aquatic Complex
12441 Royal Palm Boulevard
Coral Springs, FL 33065
Ph:(954) 345-2121- Fax: (954) 345-2125
- **SPONSORED BY:** City of Coral Springs
- **SANCTIONED BY:** Florida Gold Coast Masters for USMS, Inc. # **pending**
- **FACILITY:** 25 yard course pool, 8 lanes will be seeded for all events. Additional lanes available for warm-up and warm-down Daktronics Timing System
- **ELIGIBILITY:** Open to all registered USMS swimmers, ages 18 years +. Your age as of the date of the meet.
- **SEEDING:** Entries will be seeded by time, slowest to fastest.
- **RULES:** 2012 USMS rules govern.
A copy of your 2012 USMS Card must be attached to the entry form.
- **ENTRIES:** Each swimmer will be limited to **5** events plus relays.
(Relays will be deck entered).
- **AWARDS:** 1st through 3rd for each event in all age groups
- **ENTRY FEE:** \$ 10.00 meet surcharge
\$ 3.00 per event
\$ 5.00 per relay
Deck Entries may be accepted if space permits. The cost for deck entries will be \$10.00 meet surcharge and \$6.00 per event.
- **ENTRY DEADLINE:** **May 1st.,2012**
- **INFORMATION:** Chris Jackson, Meet Director
Ph:(954) 345-2121 Fax:(954)345-2125
Email: pkcjj@coralsprings.org
- **SOCIAL :** There will be a social gathering offered to all masters swimmers immediately after the swim meet at the pool.

*Note: Coral Springs Masters reserves the right to take breaks as needed during the meet.



**CORAL SPRINGS LAST CHANCE SCY
OFFICIAL ENTRY FORM**

NAME:	COPY OF USMS CARD HERE
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PHONE:	E-MAIL:		
BIRTHDATE:	AGE AS OF 5/05/12	SEX: M	F

WOMEN	ENTRYTIME	EVENT	ENTRY TIME	MEN
EVENT #		SATURDAY		EVENT#
1		100 IM		2
3		200 Free		4
5		50 Fly		6
7		100 Back		8
9		100 Fly		10
11		50 Free		12
13		200 IM		14
15		100 Breast		16
17		50 Back		18
19		100 Free		20
21		50 Breast		22
23		500 Free		24
25		RELAYS		26

Meet surcharge:	\$ 10.00	CHECKS PAYABLE TO: CITY OF CORAL SPRINGS Mail to: Coral Springs Aquatic Complex Last Chance SCY 12441 Royal Palm Blvd. Coral Springs, FL 33065
Individual events:	_____ X 3.00=	
TOTAL:	\$	

PLEASE READ AND SIGN THE MANDATORY RELEASE 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 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 CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, 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 and regulations of USMS. (see Rule Book Article 203.1)



SIGNATURE:	Date:
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