

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 new event! Michigan Masters Swimming and Milan Masters Swimming Present the



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

Event	Seed Time		
Session 1: Warm-Up 8AM – Session Starts 8:45AM			
1000 Freestyle			
1 st 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			
: Warm up begins at the conclusion of the 1000 free. Session	Starts 10:30		
Deck Registration closes at 9:30AM			
200 Medley Relay (Deck Entered)			
100 IM			
200 Freestyle			
50 Butterfly			
100 Breaststroke			
200 Backstroke			
50 Freestyle			
200 IM			
Intermission			
200 Free Relay (Deck entered)			
100 Butterfly			
200 Breaststroke			
50 Backstroke			
100 Freestyle			
200 Butterfly			
50 Breaststroke			
100 Backstroke			
400 IM			
500 Freestvle			
	Session 1: Warm-Up 8AM – Session Starts 8:45AM 1000 Freestyle 1 st 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 : Warm up begins at the conclusion of the 1000 free. Session Deck Registration closes at 9:30AM 200 Medley Relay (Deck Entered) 1001 IM 200 Medley Relay (Deck Entered) 1000 Breaststroke 200 Backstroke 200 Freestyle 200 IM 200 Free Relay (Deck entered) 100 Butterfly 200 Breaststroke 200 Breaststroke 200 Free Relay (Deck entered) 100 Butterfly 200 Breaststroke 200 Breaststroke 200 Breaststroke 200 Breaststroke		

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 AC	TIVITIES. In addition	I agree to abid	e by and be	governed by	the rules of U	SMS. (Rulebook	article 203.1)
Signature:					Date:		-

Signature.	Date
	Emergency Contact (a person who is available during the meet)
Name	Phone # ()

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