

WHAC Masters Trick or Treat Classic

Sunday, October 28, 2012

Registration Form

Last name:	First Name:	M.I.
DOB:	USMS #:	Gender:
Team:	Email:	Phone:

Include your time on the line next to the event you want to swim. If you don't have an exact time, please give us a decent estimate so that we can seed events correctly. **The pool is short of being 25 yards. Times swim at this meet will not be submitted for Top 10 or National Record consideration.**

1	400 IM	9	50 Fly
2	100 Free	10	200 IM
3	50 Back	11	100 Breast
4	200 Breast	12	50 Free
5	100 Fly	13	200 Back
6	50 Breast	14	100 IM
7	200 Free	15	500 Free
8	100 Back	16	200 Fly

The entry fee is \$15.00. Swimmers may enter up to five events. If paying by check, the check should be made out to WHAC. All entries should be emailed to whac@sbcglobal.net by 5:00pm on Thursday, October 25, 2012.

Please refer to the meet information for any questions about the meet, or email the meet director at whac@sbcglobal.net.

"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 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 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."

Signature: _____ Date: _____

Western Hills Athletic Club
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whac.org