

ENTRY FORM
2013 PIETER CATH MEMORIAL INTER-SQUAD MEET (SCY)
LAKEWOOD HIGH SCHOOL NATATORIUM, LAKEWOOD, OHIO
January 27, 2013

NAME _____ SEX ____ AGE on Jan. 27, 2013 ____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

PHONE _____ TEAM _____ or UNAttached ____ USMS # _____
 (send copy of card)

Event 1 starts 9:00 a.m. Event 2 starts 9:45 or later.

- | | |
|--|---------------------------------------|
| 1. 500 YD. FREESTYLE _____
(No deck entries for this event) | 12. 50 YD. BREASTSTROKE _____ |
| 2. 200 YD. BUTTERFLY _____ | 13. 400 YD. FREE RELAY XXXXXXXXXXXX |
| 3. 200 YD. MEDLEY RELAY XXXXXXXXXXXX | 14. 400 YD. I.M. RELAY XXXXXXXXXXXX |
| 4. 200 YD. BACKSTROKE RELAY XXXXXXXXXXXX | 15. 50 YD. BUTTERFLY _____ |
| 5. 50 YD. FREESTYLE _____ | 16. 100 YD. BREASTSTROKE _____ |
| 6. 200 YD. BREASTSTROKE _____ | 17. 200 YD. FREESTYLE _____ |
| 7. 50 YD. BACKSTROKE _____ | 18. 100 YD. INDIV MEDLEY _____ |
| 8. 100 YD. BUTTERFLY _____ | 19. 100 YD. BACKSTROKE _____ |
| 9. 200 YD. INDIV MEDLEY _____ | 20. 200 YD. FREE RELAY XXXXXXXXXXXX |
| 10. 100 YD. FREESTYLE _____ | 21. 200 YD. BREAST RELAY XXXXXXXXXXXX |
| 11. 200 YD. BACKSTROKE _____ | 22. 200 YD. FLY RELAY XXXXXXXXXXXX |

ENTRY FEES: Individual events _____ x \$ 5.00 = \$ _____
 Deck Entries _____ x \$ 6.00 = \$ _____
 Surcharge (includes relay only swimmers) \$ 5.00
 Discount (O*H*I*O members only) -\$5.00 = \$ _____ (not for deck entries)
TOTAL: \$ _____

There is no charge for relay events.

Make checks payable to: **O*H*I*O MASTERS SWIM CLUB** and mail to **Meet Director, P.O. Box 43824, Cleveland, Ohio 44143**

DEADLINE: Wednesday, January 23, 2013

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 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 _____

Sanctioned by Lake Erie LMSC for USMS, Inc. # (pending)