**CONCORD SWIM TEAM**

**MASTERS INVITATIONAL**

**Saturday April 13, 2013**

This meet is recognized by USMS and will be conducted in compliance with the technical rules of United States Masters Swimming. Recognition # \_\_\_\_\_\_\_\_\_\_\_\_\_.

LOCATION: Concord Aquatic Center, 59117 Minuteman Way, Elkhart, IN 46517.

FACILITY: 10 lane, 25 yard pool. An additional 4 lanes will be open for continuous warm-up and warm-down throughout the meet. Colorado Timing System 6 with state of the art video display board will be used.

SCHEDULE: Warm-up will be from 10:00 – 10:50 a.m. The meet will start at 11 a.m.

ELIGIBILITY: This is a USMS recognized meet, so all are permitted to enter, whether or not they are USMS members.

ENTRY FEE: $ 25/person for entries received by the April 9th deadline. Deck entry fee is $ 30 per person. Checks should be made payable to “Concord Swim Club”. Deck entries will be accepted from 9:00 – 10:30 a.m. on the day of the meet. Swimmers may enter as many events as they wish.

ENTRY PROCEDURE: The preferred entry procedure is to download the entry form from our website ([www.concordswimclub.org](http://www.concordswimclub.org)), complete the form and email to the entry chair. The entry fee will be collected on the day of the meet. The form may also be printed out and mailed to the entry chair along with the entry fee.

Entry Chair: Nicolle Corporon. Email: [nacorporon@gmail.com](mailto:nacorporon@gmail.com)

Address: 17072 State Road 23, South Bend, IN 46635.

AWARDS: Each swimmer will receive participant ribbons for the events they swim.

AGE GROUPS: 18-24, 25-29, 30-34, 35-39, 40-44, 45-49, etc.

RELAYS: 18+, 25+, 35+, 45+, 55+, etc. based upon the youngest relay member.

All relays will be deck entered at the meet.

SEEDING: All events will be seeded based upon entry times, from slowest to fastest regardless of age group. Entries with “no time” will be seeded in the slowest heat.

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ORDER OF EVENTS

Women : Event: Men:

1 200 yd. Medley Relay 2

3 400 yd. Individual Medley 4

5 100 yd. Freestyle 6

7 200 yd. Breaststroke 8

9 100 yd. Butterfly 10

11 50 yd. Backstroke 12

13 500 yd. Freestyle 14

15 200 yd. Individual Medley 16

17 50 yd. Freestyle 18

19 200 yd. Backstroke 20

21 100 yd. Breaststroke 22

23 50 yd. Butterfly 24

25 200 yd. Freestyle 26

27 100 yd. Individual Medley 28

29 50 yd. Breaststroke 30

31 100 yd. Backstroke 32

33 200 yd. Butterfly 34

35 200 yd. Freestyle Relay 36

37 “Surprise” Relay XX

39 1650 yd. Freestyle 40

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**ENTRY FORM**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX \_\_\_\_\_\_ AGE\_\_\_\_\_\_

USMS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLUB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Number: Event: Seed Time:

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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 all the risks inherent in Masters Swimming (training and competition) including possible permanent disability or death and agree to assume all of these 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 CLAIM 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.

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Print Name Signature Date

Please email this completed form to Nicolle Corporon, [nacorporon@gmail.com](mailto:nacorporon@gmail.com), or mail to Nicolle Corporon, 17072 State Road 23, South Bend, IN 46635.