

## **Minnesota Masters** Minnetonka Fall Meet **Minnetonka Middle School East Sunday November 3rd**



sanction #

Schedule:	Warm-ups -	7:00-7:45	AM, Meet -	- 8:00 AM to 12:30 PM
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Meet Sanction: tbd

Please Sign: \_\_\_

Meet Director: Barb Scouler (barb.scouler@gmail.com)

**Entry Information:** Must be USMS Registered Annual Member or \$15 One-Event membership fee is required.

\$15 "early bird" meet entry fee if registered by midnight, Sunday evening, October 20th.

\$20 regular entry by midnight, Thursday evening, October 31st.

\$25 deck-entry fee. DECK ENTRIES CLOSE 30 minutes prior to the Meet's Start Time.

Entry fees are non-refundable.

Online Registration Link: https://www.clubassistant.com/club/meet\_information.cfm?c=1156&smid=4964

Online entries are paid by credit card to "ClubAssistant.com Events."

Relays: There will be a 5 minute break before each relay event – relay entries will be accepted through the start of the event before each relay. All relays must complete a relay entry card complete with first and last name and age of each swimmer. Each card must have the club/workout group name (all 4 members must be registered with that club/workout group) and workout group if applicable; circle the distance and type of relay.

Results: Will be posted at the meet and online at www.minnesotamasters.com within one week.

Event Number	Event	Entry Time		
1	500 Freestyle/400 I.M	:		
2	100y Backstroke	:		
3	50y Butterfly	<u> </u>		
4	200y Freestyle	:		
5	50y Breastroke	<u> </u>		
6	200y Butterfly	<u> </u>		
7	200y Medley Relay*	deck entry		
8	200y Breastroke			
9	100y Freestyle	:		
* 200y Medley Relay, 200y Free Relay will be seeded based on				

entries received on race day.

Event Number	Event	Entry Time		
10	200y I.M.	;		
11	50y Backstroke	:		
12	100y Butterfly	:		
13	200y Freestyle Relay*	:		
14	100y Breaststroke	:		
15	50y Freestyle	:		
16	200y Backtstroke	:		
17	100y I.M	:		
18	1000y Freestyle	:		
* 1000x Engestrale and 500x Enge/400IM require moditive				

1000y Freestyle, and 500y Free/400IM require positive check-in on race day

Date: \_\_\_\_\_

Print Name:			Male Fema	le USMS #: _	<u>-</u>	
Birthdate:/	/Age:	Club:		Phone:		
I, the undersigned particip	ant, intending to be l	egally bound, hereby cer	tify that I am physically fit and	have not been otherwis	se informed by a phy	ysician. I
acknowledge that I am aw	are of all the risks inh	erent in Masters swimm	ing (training and competition)	, including possible perm	nanent disability or o	death, and agree to
assume all of those risks. A	AS A CONDITION OF M	Y PARTICIPATION IN TH	E MASTERS SWIMMING PROG	RAM OR ANY ACTIVITIES	INCIDENT THERETO	), I HEREBY WAIVE
ANY AND ALL RIGHTS TO C	CLAIMS FOR LOSS OR I	DAMAGES, INCLUDING A	LL CLAIMS FOR LOSS OR DAMA	AGES CAUSED BY THE NE	EGLIGENCE, ACTIVE	OR PASSIVE, OF THE
FOLLOWING: UNITED STAT	TES MASTERS SWIMM	IING, INC., THE LOCAL M	ASTERS SWIMMING COMMITT	TEES, THE CLUBS, HOST F	ACILITIES, MEET SPO	ONSORS, MEET
COMMITTEES, OR ANY INC	DIVIDUALS OFFICIATIN	IG AT THE MEETS OR SU	PERVISING SUCH ACTIVITIES. II	n addition, I agree to abi	de by and be govern	ned by the rules of
USMS. (rule book article 20	03.1)					