

PHILLIPS EXETER MINI MEET

Sunday, February 2, 2014

Sanctioned by: New England LMSC for USMS, Inc. Sanction # pending
Location: Phillips Exeter Academy, 20 Main Street, Exeter, NH
Time: 8:00am Warm-up, 9:00 am Start
Entry Fee: Maximum of 5 individual events, USMS Membership Required:

\$20.00 entry fee if received via mail by Tuesday, January 28, 2014
\$25.00 deck entry, deck entries will be accepted until 8:15 AM.

Mail Entry forms to:

Great Bay Masters, PO Box 1723, Dover, NH 03821
Make Checks out to Great Bay Masters

Meet Director: Crystie, greatbaymastersswimteam@gmail.com

Directions: **From I-95**, take exit 2 West (New Hampshire), Route 101 towards Exeter. Follow Route 101 to Exit 9 Route 27 (Main Street)---
From the West, Rte. 101 east to Exeter to Exit 9 Rte. 27 (Main Street)---
---**Follow route 27** into Exeter. At the Gazebo, bear right onto Front St. Take your first left onto Court St. Stay on Court St. as it swings right and the pool is in modern building, on the left just past the tennis courts and in front of an old gymnasium.

Order of events (circle number and place seed time next to events you are entering, max of 5 individual events):

- | | | |
|---------------------------|---|--|
| 1. 50 Freestyle _____ | 6. 200 Medley Relay - Deck Entry | 11. 100 Freestyle _____ |
| 2. 100 Butterfly _____ | 7. 200 Freestyle _____ | 12. 50 Butterfly _____ |
| 3. 50 Backstroke _____ | 8. 100 Backstroke _____ | 13. 200 Free Relay Deck Entry |
| 4. 100 Breaststroke _____ | 9. 50 Breaststroke _____ | 14. *1650 Freestyle _____ *time permitting |
| 5. 100 IM _____ | 10. 200 IM _____ | *swimmer must provide own counter & timer |

*****Relays must be submitted by 9:00 AM*****

Last Name: _____ First Name _____

USMS Reg # (required): _____ Club _____

TEAM NEM, Workout Group: _____ GBM MESC NUSC SRMP SCM WELL

* Other Club: _____

Birth Date: ____/____/____ Age: _____ Gender: Male Female

Athlete's Release: 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:** _____