2014 Syracuse Sweetheart Masters Swim Meet
Hosted by the Syracuse Chargers Swim Club
Sanctioned by Niagara Districts Masters Swimming for USMS, Inc. #

Date: Saturday **February 15, 2014**. Warm-up starts at 8:30 AM. Meet starts at 9:30 AM.

Location: Jamesville-DeWitt Middle School pool: 6280 Randal Rd, Jamesville, NY 13078. The pool is 25 yards, has 6 lanes, and the meet will be electronically timed. The meet will run in 5 lanes with a 6th lane for continuous warm-up/warm-down. Parking and pool entrance are in the back of the building. Food is not permitted on deck. The length of the competition course without a bulkhead is in compliance and on file with USMS in accordance with articles 105.1.7 and 107.2.1.

Eligibility: Open to all USMS/MSC-registered swimmers 18 and older as of February 15, 2014.

Fees: $20 per swimmer. Includes 5 individual events and relays. All entries must be received by Tuesday February 11, 2014. Deck entries will not be accepted.

Check In: Relays and 500 free require check in and will be deck seeded. Events will be mixed (men and women); timed finals seeded slowest to fastest.

NAME _____ MSC/USMS # _____

EMAIL _____ PHONE _____

SEX _____ AGE _____ DATE OF BIRTH _____ CLUB _____

ADDRESS_____

Event #	Event Name	Seed Time		Event #	Event Name	Seed Time
1	200 Med Relay	_____		10	200 Free Relay	_____
2	200 Free	_____		11	100 Free	_____
3	100 IM	_____		12	50 Fly	_____
4	50 Free	_____		13	200 Breaststroke	_____
5	200 Backstroke	_____		14	200 IM	_____
6	100 Fly	_____		15	50 Breaststroke	_____
7	50 Backstroke	_____		16	200 Fly	_____
8	100 Breaststroke	_____		17	100 Backstroke	_____
9	400 IM	_____		18	500 Free	_____

10-Minute Break

Entries must be received by **February 11, 2014** and include the following:
1. PHOTOCOPY OF USMS/MSC REGISTRATION.
2. CHECK OR MONEY ORDER, MADE PAYABLE TO SYRACUSE CHARGERS MASTERS SWIM CLUB.
3. SIGNED WAIVER FORM: SEE BELOW

SEND ENTRIES TO:
Geoff Wells
7409 Bay Chapel Circle
Liverpool, NY 13088 (419) 704-1162

Please direct all questions to:
 Alison Schaffer
schaffer.alison@gmail.com
(410) 703-2602

Following the meet, please join us for a
Post-Swim Meet VALENTINE'S DAY Happy Hour!
Location to be announced at the meet.

WAIVER: 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 PROGRAMS OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO 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 (Rule Book Article 204.1).

Signature of Participant_____ **Date**_____