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FOR SOCIAL RESPONSIBILITY

Sussex County YMCA

"Adult Mini Meet"

Sussex County YMCA
Hardyston, NJ

Saturday, March 15, 2014

New Swimmer Orientation Meeting 2:00-2:30 pm
2:30 pm – Check-in

Recognized by The New Jersey Swimming LMSC for USMS, Inc. R#074-R002

Facility: The Sussex County YMCA six lane 25 yard pool. Timing will be done with a Colorado Timing System with manual backup. 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.

Directions:

From Route 23: Go to Hamburg; take Route 94 South to Wits End Road on right (approx. 2 miles). Follow Wits End Road to YMCA driveway.

From Intersection of Routes 15 & 94: Go North on Route 94 towards Hamburg. Follow Route 94 to Wits End Road on left (approx. 5 miles). Follow Wits End Road to YMCA driveway.

Schedule: 2:00 pm New Swimmer Orientation Meeting, 2:30 pm check-in, 3:00-3:30 pm Warm-up, 3:30 pm start.

Warm-ups: No diving is permitted during warm-up, except in the designated one-way sprint lane(s). Lane 1 will remain a designated warm up lane throughout the meet.

Entry Limit: Swimmers may register for a **maximum of 4 events**.

Seeding: All events will be pre-seeded. Events will be run in heats, slowest to fastest, with men and women swimming together. Entries with "No Times" (NT) will be seeded in the slowest heat.

Age Groups: Individuals: 18-24, 25-29, 30-34, etc. through 90+.

Eligibility: Open to any adult interested in participating in a swim meet. Swimmers must be 18 years of age on the date of the meet. If you are a member of USMS, a copy of your USMS card needs to be submitted with your entry form.

Awards: Ribbons for 1st through 3rd places; all others will get a label with their official time.

Timing: In the unlikely event that a malfunction occurs in the automatic timing system, the meet will continue on schedule with the use of alternate (stopwatch) timers.

Entry Fees: \$12.00 per swimmer to register and \$5.00 per event.

Registration: All entries must be received by Friday, March 7, 2014. NO exceptions. Any questions, please call Beth Kelly, at 973 209-9622, ext. 223.

Entry Form -Adult Mini Meet-March 15, 2014

Entry form must be received by Friday, March 7, 2014.

(In order for your results to be posted to the NJ Masters Swimming you must include a copy of your USMS card).

Name: _____ Address: _____ _____ Day time Phone: _____	Age as of 3-15-14: _____ Sex: _____ Date of Birth: _____ E-Mail Address: _____ Evening Phone: _____ USMS number(if applicable): _____
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RELEASE OF LIABILITY BY PARTICIPANT:

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. (Rule Book Article 203.1)

PLEASE PLACE A COPY OF
USMS CARD

Signature: _____ **Date:** _____

Please enter your best short course **yard** times for each event you wish to swim (put "NT" in the blank for No Time)

Event	Entry Time	Event	Entry Time
1. 50 Free	_____	6. 100 Free	_____
2. 100 Fly	_____	7. 50 Fly	_____
3. 50 Breast	_____	8. 100 Breast	_____
4. 100 Back	_____	9. 50 Back	_____
5. 200 IM	_____	10. 500 Free	_____

All participants must be entered in meet.

Entry Fee **\$12.00**

of Events x \$5.00 \$ _____

Total enclosed: \$ _____ ___ Check (payable to Sussex County YMCA)

Credit Card (circle one) VISA MC Discover AMEX

Card # _____ Exp Date: ____/____

Signature _____

Sussex County YMCA
 15 Wits End Rd
 Hardyston, NJ 07419
 Phone: 973 209-9622
 Fax: 973 209-1483
www.sussexcountyyymca.org

 Office Use only: Member/Non-Member Receipt # _____ Staff Initial _____