ILLINOIS Masters Swimming Association Consolidated Entry Card

Name	Meet:
ATTACH A COPY of your USMS CARD. Fill in any information not correctly listed on the USMS card.	Meet date://
Street Address:	Phone #: ()
City, State, Zip:	E-mail:
Birthdate:// Age:	Emergency Contact/Telephone #:
Male Female	
USMS #	
Club:	Subgroup (Team):
`~/	, , ,
USMS rules limit a swimmer to no more than 5 individ	dual events per day.
EVENT # EVENT	SEED (entry) TIME
	::
	.
	:
	:
	:
No of events: x \$(cost per events	ent) =
	harge: =
T-Shirt size: S M L XL T-shirt (if appli	cable) =
Meet Results =	
IC	OTAL: =
Make checks payable to & mail to the address	ss specified on the Meet Information Sheet.
ALL Masters swimmers will be required to send a photocopy of Masters swimmers may be asked to show their USMS card, if r	their USMS Registration Card along with their entry card. ALL
"I, the undersigned participant, intending to be legally bound, he otherwise informed by a physician. I acknowledge that I am awa and competition) including possible permanent disability or dea OF MY PARTICIPATION IN THE MASTERS SWIMMING PROC WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DADAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSWIMMING, INC., THE LOCAL MASTERS SWIMMING COMM SPONSORS, MEET COMMITTEES, AND ANY INDIVIDUAL OF ACTIVITIES. In addition, I agree to abide by and be governed by	are of all of the risks inherent in Masters Swimming (training th, and agree to assume all of those risks. AS A CONDITION GRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY AMAGES, INCLUDING ALL CLAIMS FOR LOSS OR SSIVE, OF THE FOLLOWING: UNITED STATES MASTERS INTEES, THE CLUBS, HOST FACILITIES, MEET FFICIATING AT THE MEETS OR SUPERVISING SUCH
Please sign:	Date:/

PLEASE READ CAREFULLY: Late or incomplete entries (no fee, incomplete entry card, incomplete entry data, no copy of USMS Registration Card) or entries postmarked after the due date MAY BE REJECTED.