



SWIA Masters Short Course Spring Meet 2014
Kirn Pool YMCA, Council Bluffs, IA
Saturday, May 10, 2014
Recognition #: pending

Schedule: Distance events (800, 1500) warm-up 10:00 begin 11 AM. All other events : warm-up noon, begin 1 PM.

Entries

- You may enter up to 5 individual events, not including relays.
- Paper entries must be received by Tuesday May 6th. Deck entries are accepted but new heats will not be added.
- 800 and 1500 MUST pre-register.
- Entry fee \$25 per swimmer.
- Meet Coordinator: Melissa Chapman

112 15th Ave

Council Bluffs, IA 51503

Email: mchapman@metroymca.org

USMS Membership: This meet is open to USMS members and non –members. If a USMS member please include a copy of your current registration card with your entry.

This meet will be governed by USMS rules. 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.

Seeding will be slowest to fastest by gender regardless of age.

Pool address: 100 North Ave,
Council Bluffs, IA 51503

Last Lap Party: 1 hour after the end of the last event. 112 15th Ave., Council Bluffs, IA 51503. Food provided, BYOB.

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Name _____ Phone _____

Address: _____ Email _____

Male/Female (please circle) Age as of 5/10/14 _____ DOB _____

USMS # _____

Emergency Contact and phone: _____

Please send this signed form and check for \$25 fee to : Melissa Chapman, 112
15th Ave, Council Bluffs, IA 51503. Include a copy of your USMS registration.

Please make check payable to Kirn Pool YMCA.

800 Free	
1500 Free	

Events in order:

200 Free Relay		100 Fly	
400 IM		100 Free	
100 Back		200 Fly	
50 Fly		100 Breast	
200 Breast		200 Free	
50 Free		50 Back	
200 Back		100 IM	
200 IM		200 Med Relay	
50 Breast		400 Free	

Please enter seed time or NT for each event you would like to enter.

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, Kirn Pool YMCA AND ALL THOSE ASSOCIATED WITH THE YMCA AND THE MEET ITSELF, 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)

Signed: _____ Date: _____