**2014 Nickel City Splash Long Course Challenge**

**Saturday, June 7, 2014**

Hosted by Nickel City Splash Masters Swim Team

**Sanction:** Sanctioned by Niagara District Masters Swimming #044-S005

**Location:** Alumni Arena Pool located on University at Buffalo’s North Campus. If using a GPS, enter “University at Buffalo Flint Entrance, Amherst, NY 14260”. The facility is an eight-lane 50 meter by 25 yard venue with separate diving well. *The length of the competition course is not on file with USMS. Eligibility of times achieved in this meet will be contingent upon pool length measurement and approval with USMS; if bulkheads are present, their placement must also be confirmed by measurements at the meet in accordance with articles 105.1.7 and 107.2.1*. The competition will take place in eight long course meters lanes. Separate warm-up space will be available throughout the duration of the meet.

**Time:** Warm-up begins at 9:00 am. Meet begins at 10:00 am.

**Meet Director:**  Dana Shannon, 91 Alumni Arena Buffalo, NY 14260

[Ds94@buffalo.edu](mailto:Ds94@buffalo.edu)

(716) 645-3849

**Eligibility:** Open to all currently registered USMS/MSC swimmers 18 years of age and older as of June 7,

2014. USMS registration can be completed at <http://www.usms.org/reg/>. Same-day USMS registration will **not** be offered or accepted.

**Fees:** Each swimmer must pay a $25 entry fee (USD).

**Entries:** Each swimmer may enter up to five individual events and two relays. All entries must be postmarked by May 30, 2014. No deck entries will be accepted with the exception of relays.

**Events:** Events will be swum slowest to fastest. All swimmers must check-in upon arrival, and positive check-in is required for the 400 Freestyle (by 9:30am), 800 Freestyle, and 1500 Freestyle (by 11:00am). Swimmers may enter the 800 Freestyle *or* the 1500 Freestyle but NOT both. Relays will be deck-seeded. There will be a 10-minute break before each relay. Men’s and Women’s heats may be combined. Awards will be given for 1st, 2nd, and 3rd place finishes in individual events.

**Entry Procedure:** Please send completed entry form, a photocopy of your USMS/MSC registration, signed waiver, and a check or money order made payable to **UB Foundation** to the Meet Director at the address listed above. All entries must be postmarked by May 30, 2014.

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**NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **USMS/MSC #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEX\_\_\_\_\_\_\_ AGE as of 12/31/14\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Include copy of USMS/MSC card and check for $25 to UB Foundation**

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| --- | --- | --- |
| **Event #** | **Event Name** | **Seed Time** |
| 1 | 400 m Freestyle |  |
| 2 | 200 m Butterfly |  |
| 3 | 100 m Breaststroke |  |
| 4 | 50 m Freestyle |  |
| 5 | 200 m Medley Relay | DECK SEED |
| 6 | 200 m Backstroke |  |
| 7 | 100 m Butterfly |  |
| 8 | 200 m Breaststroke |  |
| 9 | 200 m Individual Medley |  |
| 10 | 50 m Butterfly |  |
| 11 | 200 m Freestyle |  |
| 12 | 100 m Backstroke |  |
| 13 | 50 m Breaststroke |  |
| 14 | 200 m Freestyle Relay | DECK SEED |
| 15 | 400 m Individual Medley |  |
| 16 | 100 m Freestyle |  |
| 17 | 50 m Backstroke |  |
| 18 | 800 m Freestyle |  |
| 19 | 1500 m Freestyle |  |

**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 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 the USMS (Rule Book Article 204-1).

**Signature of Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_