



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MASTERS SWIM MEET REGISTRATION

Date: _____

Saturday, March 24

All Participants who PRE-REGISTER by **MARCH 15** are guaranteed a Meet T-shirt.

Name: _____ Birth Date: _____ Shirt Size: _____

Email: _____ Phone: _____ Gender: _____

USMS Number: _____ (if you have one)

CHOOSE A DIVISION. (SWIMMERS CANNOT COMPETE IN BOTH DIVISIONS)

COMPETITIVE (COMP)

\$30 - Community
\$15 - Full Members

RECREATIONAL (REC)

\$30—Community
\$15—Full Members

CHECK THE EVENTS YOU WOULD LIKE TO PARTICIPATE IN. (MAXIMUM OF 5 EVENTS PER SWIMMER)

Events in order

- 1) 500 Free Open* (SEED TIME: _____)
- 2) 100 IM Open (SEED TIME: _____)
- 3) 50 Fly Recreational (SEED TIME: _____)
- 4) 50 Fly Competitive (SEED TIME: _____)
- 5) 25 Free Recreational (SEED TIME: _____)
- 6) 25 Free Competitive (SEED TIME: _____)
- 7) 50 Breast Recreational (SEED TIME: _____)
- 8) 50 Breast Competitive (SEED TIME: _____)
- 9) 25 Back Recreational (SEED TIME: _____)
- 10) 25 Back Competitive (SEED TIME: _____)
- 11) 200 Free Open (SEED TIME: _____)
- 12) 100 Back Open (SEED TIME: _____)
- 13) 200 IM Open (SEED TIME: _____)

15 MINUTE BREAK

- 14) 100 Free Open (SEED TIME: _____)
- 15) 25 Fly Recreational (SEED TIME: _____)
- 16) 25 Fly Competitive (SEED TIME: _____)
- 17) 50 Free Recreational (SEED TIME: _____)
- 18) 50 Free Competitive (SEED TIME: _____)
- 19) 25 Breast Recreational (SEED TIME: _____)
- 20) 25 Breast Competitive (SEED TIME: _____)
- 21) 50 Back Recreational (SEED TIME: _____)
- 22) 50 Back Competitive (SEED TIME: _____)
- 23) 100 Fly Open (SEED TIME: _____)
- 24) 100 Breast Open (SEED TIME: _____)
- 25) 400 IM Open* (SEED TIME: _____)

10 MINUTE BREAK BEFORE RELAYS (deck seeded)

- 26) 200 Medley Relay
- 27) 200 Freestyle Relay



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NOTES:

Warm-ups: 1:00 p.m. Meet starts at 2:00 p.m.

Recreational Races will all be wall-start only, except backstroke can start from blocks

Competitive/Open Races will allow block start, but wall-start is also permitted

Recreational/Competitive heats will not be combined

*Those who pre-register/complete the 400 IM and the 500 Free earn distance challenge t-shirts!

Participation Agreement: I grant the Gateway Region YMCA, its agents and the news media the right to photograph me and/or my family including children and to use the photos for news and publicity purposes. I agree to participate in the YMCA program and to comply with all rules and regulations. I further agree that I will not hold the YMCA, its directors, officials, agents, employees and volunteers responsible in case of accident or injury. I understand that no accident insurance is provided. I also agree to abide by the YMCA of Greater St. Louis standards and guidelines.

Signature: _____ Date: _____

**Mail, Fax or Email Registration to:
or register in person**

Masters Swim Meet Registration
Four Rivers Family YMCA
400 Grand Ave.
Washington, MO 63090

Phone: 636-239-5704
Fax: 636-239-5759

Email: anne.schneider@gwrymca.org SUBJECT: MASTERS SWIM MEET REGISTRATION

Payment Information:

CASH Amount Paid: _____
CHECK Check No.: _____ Amount Paid: _____
CREDIT Credit Card #: _____
Exp. Date: _____ Bank: _____