

# SWIM MEET

## AGES 50+

# AUGUST 13, 2018



**U.S. MASTERS  
SWIMMING**

swimming for life! [www.usms.org](http://www.usms.org)

**RECOGNIZED EVENT**

Sanction Number is 198-R002

1. Recognized by Michigan Masters for USMS Inc.
2. USMS Swimmers must include a copy or show their current 2018 membership card at check in.
3. The length of the competition course is in compliance and on file with USMS in accordance with articles 105.1.7 and 107.2.1, but as a bulkhead course, is subject to length confirmation. Eligibility of times for USMS Top 10 and records will be contingent on verification of bulkhead placement. The primary timing system will be automated with sound device at the start and swimmer touching the pad at the finish with the time recorded on a scoreboard. Two back-up timers will be assigned to each lane; notify the starter to request a third back-up timer if attempting national or Michigan records. Official times will be submitted for USMS records and USMS Top 10 Times consideration. Times achieved at recognized events are not eligible for FINA Top 10 or world records. USMS recognized meets are open to participation by both USMS members and non-members. If desired, go to <http://www.michiganmasters.com> for membership/registration information. USMS Membership applications will not be available at the meet.

**Location: Oakland University**

**2200 N. Squirrel Rd., Rochester Hills, MI 48309**

**Age Groups: 50-54, 55-59, 60-64, 65-69, 70-74, 75-79,  
80-84, 85-89, 90-94, 95-99, 100+**

**How to Register: Please call 248-608-0252 or visit our  
website at [www.michiganseniorolympics.org](http://www.michiganseniorolympics.org)**

**REGISTRATION DEADLINE: JULY 20, 2018**

Michigan Senior Olympics is a 501 (c) 3 non-profit organization.

This sport is governed by the National Senior Games Association. For official rules visit: [www.nsga.com](http://www.nsga.com)

# 2018 Michigan Senior Olympics Registration Form

(Additional forms available on our website at [www.michiganseniorolympics.org](http://www.michiganseniorolympics.org))

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle Initial As of 12/31/2018

Address \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

Phone: Other ( \_\_\_\_\_ ) \_\_\_\_\_ Shirt Size: S M L XL XXL XXXL

ARE YOU NEW TO MSO? YES or NO If yes, who were you referred by: \_\_\_\_\_

**MEMBERSHIP:** MSO is a non-profit organization that organizes sports competitions, instructional clinics and health & wellness programs for persons 50 plus. Why a membership fee? Your membership fee supports MSO's services and mission. Members receive the MSO Newsletter, membership pin and discounts to MSO events. The membership fee of \$25.00 is an annual fee which covers the calendar year.

## You Must Be A Member To Participate

These forms must be filled in completely and the liability waiver must be signed.

## Registration Deadline: FRIDAY, JULY 20, 2018

**2018 MSO MEMBERSHIP FEE:** (Must Be A 2018 Member To Participate).....\$25.00 = \$ \_\_\_\_\_

**TIER I REG. FEE:** Includes 2 Tier I sports and unlimited Tier II events.....\$48.00 = \$ \_\_\_\_\_

**TIER II EVENT ONLY FEE:** You do not need to pay the Reg. Fee..... \$15.00 = \$ \_\_\_\_\_

### ADDITIONAL FEES

Additional Individual Medal Sport Fee (unlimited) .....\$10.00 each = \$ \_\_\_\_\_

Medical Waiver Fee (Optional) Without the waiver you are not eligible for a refund..... \$ 8.00 = \$ \_\_\_\_\_

### \*ADDITIONAL EVENT FEES

Golf (54 holes w/cart & lunch each day) Must also pay Membership & Registration Fee..\$100.00 = \$ \_\_\_\_\_

### TEAM FEES: (Membership Fees included in team fees)

Basketball.....\$250/team = \$ \_\_\_\_\_

Volleyball.....\$300/team = \$ \_\_\_\_\_

Softball.....\$350/team = \$ \_\_\_\_\_

### CELEBRATION OF ATHLETES DINNER: (Steiny's Restaurant & Banquet ) Thursday, August 16, 2018, 6:00 pm

MSO Member Dinner ..... # of Persons \_\_\_\_\_ x \$20.00 = \$ \_\_\_\_\_

NON-Member Guest Dinner ..... # of Persons \_\_\_\_\_ x \$25.00 = \$ \_\_\_\_\_

**DONATION** (Tax Deductible).....\$ \_\_\_\_\_

**GRAND TOTAL (Membership, Registration, Event, & Social fees).....TOTAL:** \_\_\_\_\_

*Please mail forms and check to: MSO, 650 Letica Dr., Rochester MI 48307*

*Please note: There will be a \$25 charge for returned checks.*

### OFFICE USE ONLY:

Date \_\_\_\_\_ Waiver \_\_\_\_\_ \$Amount \_\_\_\_\_ CK# \_\_\_\_\_ Cash \_\_\_\_\_ C. Card \_\_\_\_\_ Nat'l's \_\_\_\_\_ Excel \_\_\_\_\_ Verified By \_\_\_\_\_

# Event Entry - Registration Deadline: July 20, 2018

Complete the registration form. Mark all events and include all fees. A separate form must be entered for each individual registrant. If registering for a doubles event, please indicate your partner's name on line provided.

## TIER I EVENTS

### Archery - 8/18

- Compound Release     Barebow Compound  
 Recurve                     Barebow Recurve  
 Compound Finger

### Badminton - 8/18 & 8/19

- Singles  
 Doubles / Partner \_\_\_\_\_  
 Mixed Doubles / Partner \_\_\_\_\_

### Bowling - Scratch - 8/13 & 8/14

- Singles  
 Doubles / Partner \_\_\_\_\_  
 Mixed Doubles / Partner \_\_\_\_\_  
 Non-Ambulatory (Singles, Doubles, Mixed Doubles)

### Cycling - 8/14 & 8/15

- 5K Time Trial                     10K Time Trial  
 20K Road Race                 40K Road Race

### Golf - 54 Holes (3-Day Tournament) - 8/15 - 8/17

Indicate average score for 18 holes: \_\_\_\_\_

### Pickleball - 8/11 - 8/13 (www.pickleballtournaments.com)

- Singles  
 Doubles/Partner Name \_\_\_\_\_  
 Mixed Doubles Partner Name \_\_\_\_\_

### Power Walk - 8/19

- 1500M                                     5K

### Racewalk - 8/19

- 1500M                                     5K

### Road Race - (Running) - 8/14 (5K) & 8/16 (10K)

- 5K     10K

### Swimming\* (maximum 6 events) - 8/13

#### WRITE IN SEED TIME FOR EACH EVENT

- |                     |                      |
|---------------------|----------------------|
| 1. 100 Fly _____    | 9. 50 Free _____     |
| 2. 200 Free _____   | 10. 200 Fly _____    |
| 3. 50 Breast _____  | 11. 50 Back _____    |
| 4. 100 Back _____   | 12. 200 IM _____     |
| 5. 400 IM _____     | 13. 50 Fly _____     |
| 6. 100 Breast _____ | 14. 100 Free _____   |
| 7. 200 Back _____   | 15. 200 Breast _____ |
| 8. 100 IM _____     | 16. 500 Free _____   |

\*Order of heats (measurements in yards)

### Table Tennis - 8/17

- Singles  
 Doubles/Partner \_\_\_\_\_  
 Mixed Doubles/Partner \_\_\_\_\_

### Tennis (maximum 2 events) - 8/12- 8/14

- Singles  
 Doubles/Partner \_\_\_\_\_  
 Mixed Doubles/Partner \_\_\_\_\_

### Track and Field (No limit to number of events) - 8/19

- |                                    |   |                                       |
|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> 50M Run   | <input type="checkbox"/> Discus         | <input type="checkbox"/> Long Jump    |
| <input type="checkbox"/> 100M Run  | <input type="checkbox"/> Shot Put       | <input type="checkbox"/> Triple Jump  |
| <input type="checkbox"/> 200M Run  | <input type="checkbox"/> High Jump      | <input type="checkbox"/> Pole Vault   |
| <input type="checkbox"/> 400M Run  | <input type="checkbox"/> Javelin        | <input type="checkbox"/> Hammer Throw |
| <input type="checkbox"/> 800M Run  | <i>*Must provide your own equipment</i> |                                       |
| <input type="checkbox"/> 1500M Run | <i>*Events may conflict</i>             |                                       |

### Triathlon - 8/13

400M Swim (8 lengths of the pool), 20K Cycle, 5K (5000M) Run

## TEAM EVENTS

### 3 On 3 Basketball (Team Fee - \$250) - 8/12

Team Name \_\_\_\_\_

### Volleyball (Team Fee - \$300) - 8/12

Team Name \_\_\_\_\_

### Softball (Team Fee - \$350) - 9/8

Team Name \_\_\_\_\_

\*\*\*CAPTAINS - Please pay team fee to secure your spot by July 20th. Email roster to [info@michiganseniorolympics.org](mailto:info@michiganseniorolympics.org) or Mail to: MSO, 650 Letica Dr., Rochester, MI 48307. Questions call 248-608-0252 or 248-608-0250.

## TIER II EVENTS

#### NON-QUALIFIERS

- Billiards - 8/17**   
**Bocce Ball Doubles - 8/15**  
 Partner \_\_\_\_\_  
(same sex/mixed)  
**Disc Golf - 8/19** \_\_\_\_\_  
**Powerlifting- Pick 1 - 8/13**  
 Bench Press Only  
 Deadlift Only  
 Combination (Both)  
**Skills Competition - 8/12**  
 Free Throw  
 3 Point Contest

#### QUALIFIERS

- Horseshoes - 8/15**  
 Singles  
 Non-Ambulatory  
**Racquetball - 8/11**  
 Singles \_\_\_\_\_  
 Doubles \_\_\_\_\_  
 Mixed Doubles \_\_\_\_\_  
**Shuffleboard - 8/10**  
 Singles \_\_\_\_\_  
 Doubles \_\_\_\_\_  
 Non-Ambulatory (Singles and Open Doubles) \_\_\_\_\_

If you are interested in participating in the DanceSport Competition please contact the MSO office at 248-608-0252.

**PHONE REGISTRATION: 248-608-0252 OR 248-608-0250 (Visa and MasterCard Accepted)**





## PARTICIPANT WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

For and in consideration of United States Masters Swimming, Inc. ("USMS") allowing me, the undersigned, to participate in any USMS sanctioned or approved activity, including swimming camps, clinics, and exhibitions; learn-to-swim programs; swimming tryouts; fitness and training programs (including dryland training); swim practices and workouts (for both pool and open water); pool meets; open water competitions; local, regional, and national competitions and championships (both pool and open water); and related activities ("Event" or "Events"); I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (the "Agreement");

1. I hereby certify and represent that (i) I am in good health and in proper physical condition to participate in the Events; and (ii) I have not been advised of any medical conditions that would impair my ability to safely participate in the Events. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Events.
2. I acknowledge the inherent risks associated with the sport of swimming. I understand that my participation involves risks and dangers, which include, without limitation, the potential for serious bodily injury, sickness and disease, permanent disability, paralysis and death (from drowning or other causes); loss of or damage to personal property and equipment; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with natural or manmade objects; dangers arising from adverse weather conditions; imperfect water conditions; water and surface hazards; facility issues; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Events, or the negligent acts or omissions of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses that I incur as a result of my participation in any Events.
3. I agree to be familiar with and to abide by the Rules and Regulations established by USMS, including any safety regulations. I accept sole responsibility for my own conduct and actions while participating in the Events.
4. I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: USMS, its members, clubs, workout groups, event hosts, employees, and volunteers (including, but not limited to, event directors, coaches, officials, judges, timers, safety marshals, lifeguards, and support boat owners and operators); the USMS Swimming Saves Lives Foundation; USMS Local Masters Swimming Committees (LMSCs); the Event organizers and promoters, sponsors and advertisers; pool facility, lake and property owners or operators hosting the Events; law enforcement agencies and other public entities providing support for the Events; and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees, and volunteers (individually and collectively, the "Released Parties"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys' fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.
5. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim.

I hereby warrant that I am of legal age and competent to enter into this Agreement, that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns), acknowledge that I have signed this Agreement without any inducement, assurance, or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements, or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

Last Name	First Name	MI	Sex (circle) M    F	Date of Birth (mm/dd/yy)
Street Address, City, State, Zip				
Signature of Participant			Date Signed	