

12th ANNUAL Concord Masters Mini Meet

Sunday, October 28, 2018

Hosted by the CCHS Swim and Dive Team to support the 2018-2019 season at the Beede Swim and Fitness Center in Concord, Massachusetts.

ENTRY FORM

Meet registration: Recognized by NE-LMSC for USMS Inc. Sanction number: _____

Must be 18+ years of age; USMS Membership NOT Required.

Location: Beede Swim and Fitness Center, 498 Walden Street, Concord, MA

On the campus of Concord-Carlisle High School

Time: 7:45 am Warm-up, 8:45 am Start, 12:15 pm Finish

Format: Short-course meters.

Entry Fee: **\$25.00 entry fee and \$5 per event (maximum 5 events)**

Please make checks payable to "Friends of CCHS Swim + Dive"

Mail to: FOSD, PO Box 273, Concord, MA 01742

*****PLEASE EMAIL Registration Information to: ConcordMastersMeet@gmail.com*****

Meet Directors: Matt Goldberg, mgoldberg@concordcarlisle.org

Information contact: Kathi O'Neil and Lauree Cameron Eckler, CCHSFOSD@gmail.com

Entries due by October 25, 2018. Limited to first 150 entrants.

Order of events – insert estimated or actual seed time next to the events you are entering (format mm:ss.00)

1 _____	100m Butterfly	5 _____	100m IM	9 _____	50m Breaststroke
2 _____	50m Backstroke	6 _____	200m Freestyle	10 _____	100m Freestyle
3 _____	100m Breaststroke	7 _____	50m Butterfly	11 _____	200m IM
4 _____	50m Freestyle	8 _____	100m Backstroke	12 _____	400m Free

Enter Total Number of Events _____ X \$5.00 = _____ + \$25 meet entry fee = _____

Optional donation to support the CCHS Swim and Dive Team = _____

Total Due = _____

Last Name _____ First Name _____ USMS Reg.# _____

Birth Date _____ Age _____ (as of 12/31/18) Male _____ Female _____

Phone _____ Email _____

Pool Length Statement: 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

Swimmer's LIABILITY RELEASE: 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 USMS.

Signature: _____ **Date:** _____