

6th Annual

Edge Masters / Vermont Senior Games Swim Meet Announcement and Entry Form Saturday, April 6, 2019 The Edge, Williston, VT

Vermont Senior Games (VSGA): This meet will be run simultaneously as the *2019 Vermont Senior Games State Swimming Championships*. Any swimmer age 50 & older is automatically entered to participate in both meets at the same time unless otherwise indicated on the registration form. The benefits of dual-registering include: (1) receiving medals for first, second, and third place by gender and age group, (2) being added to the VSGA mailing list and receiving communications about VSGA events and news, and (3) in even-numbered years, qualifying for the National Senior Games; 2019 is NOT a qualifying year. Visit www.vermontseniorgames.org to learn more about the Vermont Senior Games. Please note that your registration information will be shared with the VT Senior Games Association.

Contacts:

Meet Director: Emily Mitchell EmilyM@edgevt.com/ Ironwoman1344@gmail.com 802-922-0888

Assistant Meet Director/Entry Chair : Chad Phalon 973-222-2228

Aquatic Director: Rodney Centeno 802-860-3343 x1321

Schedule: Positive check-in for registered swimmers *11:45am-12:15pm*; *Warm up at 12:00pm*.

Meet Start: 1:00pm. Anticipated end is before 4:00pm.

Location: The Edge Sports and Fitness Center, 115 Wellness Drive, Williston, Vermont. 05495

Facility: 6 lane, 25-yard pool. A smaller, warm pool available for warm-up/cool-down. Meet includes warm-up/cool-down breaks periodically in the competition pool. Hand-held timers will be used. 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

Eligibility: Anyone age 18 and older is eligible to participate. USMS membership not required. Only participants who are current USMS members are eligible for USMS top ten times and national records. If you are a USMS member, bring a copy of your card to the meet to verify eligibility of submission for USMS top ten times and national records.

Event Limit: Up to 5. Day of entry, up to 3..

Meet Entry Fees: By **April 3, 2019** - **\$35** per person 5 individual events. **Late/ deck entries** - **\$45** for 3 events. Day of registrations will be accepted from 11:30-11:45am ONLY and will be limited to 3 events to allow for reseeding. Positive check-in for registered swimmers will be from 11:45am-12:15pm.

Payment: Make check payable to The Edge Masters Swim Club. Address payment to:

Emily Mitchell - Masters Coach
c/o The Edge
115 Wellness Drive
Williston, VT 05495

All entries in short course yards. *

Record Times: If you intend to post a National Record time it is your responsibility to notify a meet official prior to your event.

Concessions: There will be refreshments available in the lobby. All proceeds will support the Edge Masters Swim Club and the Swimming Saves Lives Program.

Awards: VT Senior Games Awards - Place awards to top three in age group / event.

Rules: Current USMS rules apply. Heats will run slowest to fastest, regardless of age or gender. No equipment is allowed at any time.

Hotels: There are many accommodation options within a couple miles of the Edge facility. If coming from out of town, Burlington, and the waterfront, is also only 15 minutes away.

- Residence Inn Burlington, 35 Hurricane Lane, Williston, (802) 662-8302
- Fairfield Inn Burlington, Williston, 2844 St George Rd, Williston, (802) 879-8999
- Holiday Inn Burlington, 1068 Williston Rd, South Burlington, (802) 863-6363

Location and Directions: The Edge, 115 Wellness Dr., Williston, VT 05495 <http://edgevt.com/>. From I-89 N take exit 12 for Vermont 2A; Turn right onto VT 2A N/St. George Rd; Turn left onto Marshall Ave; Turn right onto Wellness Dr. From I-89 S take exit 12 for Vermont 2A; Turn left onto VT 2A N/St. George Rd; Turn left onto Marshall Ave; Turn right onto Wellness Dr.

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Name: _____

Address: _____

DOB / Age as of December 31, 2019: _____ Gender: M F N/A

Email Address: _____

Phone Number: _____

T-Shirt Size: S M L XL XXL

USMS #: _____

LMSC: _____

_____ Check here if you are 50 years of age or older and **DO NOT** want to be dual-registered for the 2019 Vermont Senior Games Swimming Championships.

Event	Entry Time	Event	Entry Time
#1 200 Yard Medley Relay	_____	#9 100 Yard Fly	_____
#2 200 Yard Free	_____	#10 100 Yard Free	_____
#3 100 Yard Back	_____	#11 50 Yard Back	_____
#4 100 Yard Breast	_____	#12 500 Yard Free	_____
#5 50 Yard Fly	_____	5 minute break	
5 minute break		#13 200 Yard IM	_____
#6 50 Yard Free	_____	#14 Open 200 Yard Swim*	_____
#7 100 Yard IM	_____	#15 200 Yard Free Relay	_____
# 8 50 Yard Breast	_____		

* Please indicate 200 to be performed (Backstroke, Breaststroke, Butterfly) _____

Mail Completed Form and 35\$ check made payable to Edge Masters Swim Club:

Emily Mitchell, Masters Head Coach

c/o The Edge 115 Wellness Dr.

Williston, VT 05495.

802-922-0888

P.T.O. ----->

Liability Release Form

Name: _____

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, VERMONT SENIOR GAMES, 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: _____

Disability

____ Legally Blind or Visually Impaired

____ Deaf or Hard of Hearing

____ Physical Disability such as amputation, cerebral palsy, dwarfism, etc.

Photo Release

I give permission for my likeness to be used for swim team training purposes and advertisements posted on team bulletin boards, the team website, the team Facebook, and other media outlets such as local newspapers in association with their participation in the Edge Masters Swim Like a Fool/VSG's swim meet.

____ I have read, acknowledge, and agree to the EDGE Photo Release

____ I give permission ONLY for team postings

____ Please contact me prior to posting my likeness

____ I do NOT give permission