

Trim around outside heavy line, fill out & fold in the middle

ARIZONA LOCAL MASTERS SWIMMING COMMITTEE — CONSOLIDATED ENTRY CARD

Swimmer's Name _____ Age: _____ Male: _____ Female _____
 USMS # _____ Birthdate / / Phone () _____

Event #	FREE (Submitted Time)	Event #	BACK (Submitted Time)	Event #	BREAST (Submitted Time)	Event #	FLY (Submitted Time)	Event #	I.M. (Submitted Time)
	50 : .		50 : .		50 : .		50 : .		100 : .
	100 : .		100 : .		100 : .		100 : .		200 : .
	200 : .		200 : .		200 : .		200 : .		400 : .
	400/500 : .	MEET NAME & DATE: _____ CLUB IF NOT ARIZ: _____ TEAM NAME: _____ E-mail Address: _____ Emergency Contact/Telephone: _____				MEET FEES # of Events X \$ _____ = \$ _____ Surcharge = \$ _____ TOTAL = \$ _____			
	800/1000 : .								
	1500/1650 : .								
T-shirt Size (circle one):									
S	M	L	XL	XXL					

fold here ---- fold here ---- fold here ---- fold here ---- fold here ---- fold here ---- fold here ---- fold here ---- fold here ---- fold here ---- fold here ---- fold here

PLEASE READ CAREFULLY: Late or incomplete entries (no fee, incomplete entry card, incomplete entry data, no copy of USMS Registration Card), or entries postmarked after the due date MAY BE REJECTED.

ALL Masters swimmers will be required to send a photocopy of their USMS Registration Card along with their entry card. ALL Masters swimmers may be asked to show their USMS card, if requested, at the meet. THERE WILL BE NO EXCEPTIONS.

"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 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."

Please Sign AND Date: _____

Street Address: _____

City, State, Zip: _____

Make checks payable to and mail to the address specified on the Meet Information Sheet.