

FRAY ADULT MASTERS SWIM MEET REGISTRATION –

SATURDAY, APRIL 4, 2020

All Participants who PRE-REGISTER by MARCH 14, 2020 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)

\$40 – Community \$20 –
Full Y Members

RECREATIONAL (REC)

\$40—Community
\$20—Full Y 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 Rec (SEED TIME: _____)

4) 50 Fly Comp (SEED TIME: _____)

5) 25 Free Rec (SEED TIME: _____)

6) 25 Free Comp (SEED TIME: _____)

7) 50 Breast Rec (SEED TIME: _____)

8) 50 Breast Comp (SEED TIME: _____)

9) 25 Back Rec (SEED TIME: _____)

10) 25 Back Comp (SEED TIME: _____)

11) 200 Free Open (SEED TIME: _____)

12) 100 Back Open (SEED TIME: _____)

13) 200 IM Open (SEED TIME: _____)

BREAK FOR 15 Minutes

14) 100 Free Open (SEED TIME: _____)

15) 25 Fly Rec (SEED TIME: _____)

16) 25 Fly Comp (SEED TIME: _____)

17) 50 Free Rec (SEED TIME: _____)

18) 50 Free Comp (SEED TIME: _____)

19) 25 Breast Rec (SEED TIME: _____)

20) 25 Breast Comp (SEED TIME: _____)

21) 50 Back Rec (SEED TIME: _____)

22) 50 Back Comp (SEED TIME: _____)

23) 100 Fly Open (SEED TIME: _____)

24) 100 Breast Open (SEED TIME: _____)

25) 400 IM Open (SEED TIME: _____)

10 MINUTE BREAK BEFORE FUN RELAYS
(deck seeded)

NOTES: Warmups start at 1, events at 2 pm

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

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

Recreational/Competitive heats will not be combined

PARTICIPATION AGREEMENT/WAIVER and PAYMENT OPTIONS FORM

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: Masters Swim Meet Registration

Phone: 636-239-5704 or register in person Four Rivers Family YMCA

Fax: 636-239-5759

Make checks payable to: Four Rivers Family YMCA

**400 Grand Ave.
Washington, MO
63090**

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: _____