FRAY ADULT MASTERS SWIM MEET REGISTRATION – SATURDAY, APRIL 4, 2020



Name:	Birth Date:	Shirt Size:
Email:	Phone:	Gender:
USMS Number:	(if you have one)	
CHOOSE A DIVISION. (SWIMMERS COMPETITIVE (COMP)		
\$20 for Full YMCA members - \$40 for a		
	WOULD LIKE TO PARTICIPATE II not like seed or estimated time	N. (MAXIMUM OF 5 EVENTS PER SWIMMER)
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) 15 MINUTE BREAK 14) 100 Free Open (SEED TIME) 15) 25 Fly Rec (SEED TIME) 16) 25 Fly Comp (SEED TIME)	IE:	
17) 50 Free Rec (SEED TIM 18) 50 Free Comp (SEED TI 19) 25 Breast Rec (SEED TI	[E:) [ME:)	
20) 25 Breast Comp (SEED 21) 50 Back Rec (SEED TIME)	TIME:) /IE:)	
22) 50 Back Comp (SEED T 23) 100 Fly Open (SEED TI 24) 100 Breast Open (SEED 25) 400 IM Open (SEED TI	ME:) TIME:)	
	ORE FUN RELAYS (deck seeded)	

27) 200 Freestyle Relay

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

and/or my family including children and to YMCA program and to comply with all ru directors, officials, agents, employees and	way Region YMCA, its agents and the news media the right to photograph me o use the photos for news and publicity purposes. I agree to participate in the ales and regulations. I further agree that I will not hold the YMCA, its volunteers responsible in case of accident or injury. I understand that no e to abide by the YMCA of Greater St. Louis standards and guidelines.
Mail, Fax or Email Registration	n to: Masters Swim Meet Registration
Phone: 636-239-5704 or registe 5759	r in person Four Rivers Family YMCA Fax: 636-239-
	400 Grand Ave. Washington, MO 63090
Email: anne.schneider@gwryn	ica.org
SUBJECT: MASTERS SWIM	MEET REGISTRATION
Payment Information:	
CASH Amount Paid:	
CHECK Check No.:	Amount Paid:
CREDIT Credit Card #.:	
Exp. Date:	Bank: