

# WISCONSIN MASTERS SWIMMING UNIVERSAL MEET ENTRY FORM

Meet Date \_\_\_\_\_

Meet Location \_\_\_\_\_

If a copy of your current registration card is in the box to the right you do not have to complete the personal information below, except for the phone number, emergency contact and E-Mail address.

Sec. 202.1.1 F (5) of the USMS rules requires you to submit a copy of your current registration card with each meet entry.

Please place your current membership card here and make copies to be used when entering swimming meets.

Each meet may have different fees, please be guided by the specifics on the meet information page.

NAME \_\_\_\_\_

MALE \_\_\_\_\_  
FEMALE USMS NO \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

PHONE \_\_\_\_\_ TEAM \_\_\_\_\_

CONTACT PERSON IN CASE OF EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

USMS rules limit a swimmer to no more than five individual events per day.

EVT #	EVENT	SEED TIME		EVT #	EVENT	SEED TIME
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____
_____	_____	_____		_____	_____	_____

**FEES PER MEET INFORMATION PAGE:**

\_\_\_\_\_ EVENTS @ \$ \_\_\_\_\_ ea. + pool surcharge \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**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 of 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_