

Place Copy of USMS Card Here (Trimmed and Taped)			Please supply the following information also:
USMS Number	Team		Daytime Phone Number:
Name:			Evening Phone Number:
Birth Date:	Age:	Sex:	E-mail:

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, 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. (Rule Book Article 203.1)

SIGNATURE _____ **DATE** _____

WOMEN			MEN	
<u>Event #</u>	<u>Seed Time</u>	<u>Event Name</u>	<u>Seed Time</u>	<u>Event #</u>
Friday April 23, 2010 (Warm-up at 5 pm – Meet Start at 6 pm)				
1	_____	1000 Free	_____	1
3	_____	1650 Free	_____	3
Saturday April 24, 2010 (Warm-up at 9 am – Meet Start at 10 am)				
5	_____	100 Free	_____	6
7	_____	200 Back	_____	8
9	(use relay form)	400 Mixed Free Relay	(use relay form)	9
11	(use relay form)	200 Mixed Medley Relay	(use relay form)	11
13	_____	50 Breast	_____	14
15	_____	200 IM	_____	16
17	_____	500 Free	_____	18
19	_____	100 Fly	_____	20
21	_____	200 Breast	_____	22
23	_____	50 Back	_____	24
25	(use relay form)	800 Free Relay	(use relay form)	26
27	(use relay form)	400 Medley Relay	(use relay form)	28
29	(use relay form)	200 Free Relay	(use relay form)	30
Sunday April 25, 2010 (Warm-up at 9 am – Meet Start at 10 am)				
31	_____	200 Free	_____	32
33	_____	100 IM	_____	34
35	(use relay form)	800 Mixed Free Relay	(use relay form)	35
37	(use relay form)	400 Mixed Medley Relay	(use relay form)	37
39	(use relay form)	200 Mixed Free Relay	(use relay form)	39
41	_____	50 Fly	_____	42
43	_____	100 Breast	_____	44
45	_____	400 IM	_____	46
47	_____	100 Back	_____	48
49	_____	200 Fly	_____	50
51	_____	50 Free	_____	52
53	(use relay form)	400 Free Relay	(use relay form)	54
55	(use relay form)	200 Medley Relay	(use relay form)	56

SURCHARGE (required) \$ <u>20.00</u>	MAIL TO: Cheryl Ward, Entries Chair
Events @ \$5 each: \$ _____	9821 Laurel St.
TOTAL FEE ENCLOSED: \$ _____	Fairfax, VA 22032
CHECK PAYABLE TO: PATRIOT MASTERS	ENTRIES POSTMARKED: April 9, 2010