

# ENTRY DEADLINE June 6, 2009

---Fill in lower portion completely-----Return this form completed-----Fill in lower portion completely---

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

2009 USMS # \_\_\_\_\_ include copy of card  
 (Foreign entries include Masters registration card)

Club Name or Unattached \_\_\_\_\_  
 Club Abbreviation \_\_\_\_\_

Mixed relay teams will consist of 2 men and 2 women. Women are odd event numbers and Men are even event numbers.  
 All individual events must include a time.

**Saturday, Session #1**

<u>EVENT NUMBER</u>	<u>EVENT</u>	<u>TIME</u>
<b>(Circle your event numbers)</b>		
<u>Women</u>	<u>Men</u>	<u>include your time</u>
1	2	200 Back _____:____.____
3	4	50 Breast _____:____.____
5	6	100 Free _____:____.____
7		200 Meter Mixed Medley Relay
9	10	50 Fly _____:____.____
11	12	200 Breast _____:____.____
13	14	100 Back _____:____.____
15	16	200 Meter Free Relays
17	18	400 Free _____:____.____

**Saturday, Session #2**

<u>EVENT NUMBER</u>	<u>EVENT</u>	<u>TIME</u>
<b>(Circle your event numbers)</b>		
<u>Women</u>	<u>Men</u>	<u>include your time</u>
19	20	200 Fly _____:____.____
21	22	50 Free _____:____.____
23	24	200 I.M. _____:____.____
25	26	100 Breast _____:____.____
27		200 Meter Mixed Free Relay
29	30	100 Fly _____:____.____
31	32	50 Back _____:____.____
33	34	200 Free _____:____.____
35	36	200 Meter Medley Relays
37		400 Meter Coconut Relay *

\*\* 1 - HOUR BREAK \*\*

You may enter a maximum of 5 individual events plus unlimited relays.

\* No fee will be assessed for participation in the Coconut Relay.

\*\* After the completion of event #18, there will be a one (1) hour break.

**All entrants must sign the waiver below. Any entry received without a signature will be returned to entrant.**

"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 \_\_\_\_\_

**Entry fees:**

Meet Surcharge (required by all swimmers, includes program) \$25.00

Number of Individual events \_\_\_\_\_ x \$5.00 \_\_\_\_\_

Number of Relays \_\_\_\_\_ x \$8.00 per relay, paid at meet  
 upon relay registration

Additional Programs \_\_\_\_\_ x \$5.00 \_\_\_\_\_

T-shirts \_\_\_\_\_ x \$15.00 \_\_\_\_\_

(shirt size-circle one):  
 Small Medium Large X-Large XX-Large

Additional Swim Caps \_\_\_\_\_ x \$5.00 \_\_\_\_\_

If applicable, flat late fee of \$10.00 \_\_\_\_\_

Dinner Party \_\_\_\_\_ x \$35.00 \_\_\_\_\_

TOTAL \_\_\_\_\_

**CHECKS PAYABLE TO:**

Hawaii Sports Institute

**MAIL ENTRY WITH FEES TO:**

Hawaii Sports Institute  
 161 Makua Street  
 Kailua, Hawaii 96734