

Easter Egg Meet- Saturday, April 11th 2009

Warm up at 3:00 pm; meet starts at 3:30 pm

Kona Community Aquatic Center - 75-5530 Kuakini Hwy, Kona, HI 96740

Hosted by Aquatic Edge and the County of Hawaii Parks and Recreation

25 yard course Day of event registration available Donation: \$5

SANCTIONED BY: Hawaii Local Masters Swim Committee for United States Masters Swimming, Inc. SANCTION number: S399-P006 Meet officials: David Estess and Adrienne Pipes

2009 USMS or Foreign # _____ **ATTACH legible copy here**

NAME: _____ BIRTHDATE _____

ADDRESS: _____

Area Code +Telephone # _____ AGE: _____ 4/10/09 SEX: _____

E-mail address: _____ CLUB (or UNAT): _____

Order of events: (max 5). No times needed. **Questions? Call (808) 331-1766**

- 1 50 Free
- 2 100 Breaststroke
- 3 100 Individual Medley
- 4 50 Fly
- 5 200 Breaststroke
- 6 50 Backstroke
- 7 100 Butterfly
- 8 200 Individual Medley
- 9 100 Freestyle
- 10 200 Backstroke
- 11 200 Butterfly
- 12 50 Breaststroke
- 13 100 Backstroke
- 14 200 Freestyle
- 15 400 Individual Medley
- 16 500/1000/1650 Free



**Send this form, a check to Aquatic Edge for \$5 & copy of your USMS card to:
Karlyn Pipes-Neilsen 77-6479 Kilohana St, Kailua-Kona, HI 96740**

ELIGIBILITY: Masters swimmers with valid 2009 United States Masters Swimming (USMS) Registration or foreign. **A copy of your current 2009 USMS or foreign Registration MUST be submitted prior to swimming an event.** **SIGN THIS 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 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, 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."

SIGN _____ **DATE** _____

USMS RULES: USMS rules govern the competition including the NO FALSE START RULE. Age as of 4/11/09 determines competition age. Officials are certified. Failure to act in a safe or sportsman-like manner or to cooperate with the officials can result in disqualification from the meet. Entry limit is 5 individual events per competitor.