

Kentucky Masters Long Course Mini-Meet

July 12, 2009

SANCTIONED BY THE KENTUCKY LMSC FOR UNITED STATES MASTERS SWIMMING INC.
SANCTION NUMBER 419-0005

SPONSORED BY: Kentucky Local Masters Swim Committee
LOCATION: Lakeside Swim Club, 2010 Trevilian Way, Louisville, KY 40205-2142,
(502) 454-4585
POOL: 10 lanes, 50 meters, non-turbulent dividers, CTS Automatic Timing,
Lane, 25 Yd warm up.
SCHEDULE: Sunday, July 12, 2009, 8:30 am (EDT), Warm up 7:30 to 8:15 am.
Gate opens 7:15am
FEES: \$2.00

<u>EVENT</u>	<u>APPROXIMATE START</u>
800 FREE RELAY	8:30 AM
100 BREASTSTROKE	9:15 AM
50 FREESTYLE	9:30 AM
200 BACKSTROKE	9:45 AM
50 BUTTERFLY	10:10 AM

Individual and Relay entries must be in the hands of each SKY team coach or representative by Friday, July 10th, so relays can be formed before arrival at the venue on Sunday. Entries for individual events only, may be taken until, 8:15AM on Sunday, July 12, 2009.

Swimmers must reside or be registered in Kentucky, with United States Masters Swimming, Inc. They may be asked to show their USMS card upon request by officials at registration. All swimmers shall check in at the registration desk upon arrival. SWIMMERS SHALL BE REQUIRED TO HAVE THE ENTRY FORM FILLED OUT AND SIGNED BEFORE THEY ENTER THE POOL FOR WARM-UP. The meet entry form should display your registered name & number as it is on your USMS card. All swimmers must be USMS registered before an entry can be accepted.

This meet will be run according to USMS Rules. Lead-off split times for the 800 free Relay shall be recorded and reported. Any other split times, must be requested according to USMS Rule 105.2.2.

ALL SWIMMERS WILL NEED TO ASSIST IN TIMING

THIS MEET IS A SWIM KENTUCKY MASTERS COMPETITION AND IS OPEN TO USMS SWIMMERS RESIDING IN THE STATE OF KENTUCKY AND REGISTERED WITH USMS IN THE KENTUCKY LMSC ONLY

LAKESIDE CLUB WILL BE OPEN TO COMPETITORS AND MEET WORKERS, ONLY, DURING THE MINI-MEET.

KENTUCKY MASTERS LONG COURSE METERS MINI-MEET
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ENTRY FORM

JULY 12, 2009

NAME _____ TEAM _____ GENDER _____ AGE _____

DATE OF BIRTH _____ USMS NUMBER _____

ADDRESS _____ CITY _____ STATE _____

HOME PHONE _____ BUSINESS PHONE _____

Check Events to be Swum (No Seed Times)

800 FREE RELAY _____ 100 BREAST _____ 50 FREE _____ 200 BACK _____ 50 FLY _____

LIABILITY WAIVER - Read and sign.

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.

Date _____ Athletes Signature _____