

SOUTHERN PACIFIC MASTERS ASSOCIATION • CONSOLIDATED ENTRY CARD

Name _____ Male Female USMS # _____

Birthdate ____/____/____ Age ____ Club _____ Phone (____) _____

Event No.	FREESTYLE (Submitted Time)	Event No.	BACKSTROKE (Submitted Time)	Event No.	BREASTSTROKE (Submitted Time)	Event No.	BUTTERFLY (Submitted Time)	Event No.	INDIV. MEDLEY (Submitted Time)	
	50 • •		50 • •		50 • •		50 • •		100 • •	
	100 • •		100 • •		100 • •		100 • •		200 • •	
	200 • •		200 • •		200 • •		200 • •		400 • •	
	400/500 • •		Meet _____							
	800/1000 • •		No. of events _____ × \$ _____ = \$ _____						FOR OFFICE USE ONLY	
	1500/1650 • •		Surcharge _____ \$ _____						Amt Rec'd _____	
			Total _____ \$ _____						Date _____	

Include a copy of USMS card

Signature on back is REQUIRED!

Include a copy of USMS card

fold..... fold

Late or incomplete entries (no fee, incomplete entry card, incomplete entry data) or entries postmarked after due date **MAY BE REJECTED!**

ALL MASTERS swimmers are required to send a photo-copy of their USMS card with their entry card. **ALL Masters** swimmers may be asked to show their USMS card if requested at the meet.

"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."

PLEASE SIGN: _____ **DATE** _____

Is this your first Masters Meet? Yes
No

Non-SPMA swimmers please include your address:

Street: _____

City, State, Zip: _____

Read the meet information sheet carefully. Make your check payable as shown on the meet information sheet and mail it to the address shown.

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