

ILLINOIS Masters Swimming Association Consolidated Entry Card

Name _____ Male Female

USMS # _____ - _____

Birthdate: ___/___/___ Age: _____

Club: _____ Subgroup (Team): _____

Meet: _____ **Date:** ___/___/___

USMS rules limit a swimmer to no more than 5 individual events per day.

EVENT #:	EVENT	SEED (entry) TIME
_____	_____	____:____
_____	_____	____:____
_____	_____	____:____
_____	_____	____:____
_____	_____	____:____

No of events: _____ x \$ _____ (cost per event) = _____

Meet Surcharge: = _____

T-Shirt size: S M L XL T-shirt (if applicable)= _____

Meet Results (if applicable)= _____

TOTAL: = _____

Make checks payable to & mail to the address specified on the Meet Information Sheet.

PLEASE READ CAREFULLY: Late or incomplete entries (no fee, incomplete entry card, incomplete entry data, no copy of USMS Registration Card) or entries postmarked after the due date MAY BE REJECTED.

ALL Masters swimmers will be required to send a photocopy of their USMS Registration Card along with their entry card. ALL Masters swimmers may be asked to show their USMS card, if requested, at the meet. THERE WILL BE NO EXCEPTIONS.

"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, AND ANY INDIVIDUAL 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: ___/___/___

Street Address: _____

City, State, Zip: _____

Phone #: (____) _____ - _____

Emergency Contact/Telephone #: _____

E-mail: _____

ATTACH A COPY of your USMS CARD