CANANDAIGUA MASTERS SWIM MEET

FEBRUARY 19, 2012, SUNDAY, WARM-UP 10:00 AM MEET START 11:00 AM

SPONSORED BY THE CANANDAIGUA MASTERS SWIM CLUB AND THE CANANDAIGUA ACADEMY SWIM TEAM BOOSTERS CLUB

Name					CASA/USMS #				
Sex	xAgeDate of Birth				CASA/USMS # Club (where you practice)				
Telephone No				Club (from your USMS card)					
								·	
Event	No	Event Name		Seed Time	1	Event	No	Event Name	Seed Time
1		Medley Rela		Seed Time		10		d Free Relay	Seed Time
2	200 yd	•	• 7			11	100 y	_	
3	100 yd					12	•	Backstroke	
4	•	l Backstroke				13	•	d Freestyle	
5	•	Freestyle				14	200 y		
6	200 yd	•				15		Breastroke	
7	•	l Breastroke				16		d Backstroke	
8	400 yd					17	50 yd		
9		l Freestyle				18	•	d Breastroke	
	•	linute Break				19	•	yd Freestyle	
Event			and wom	en) and timed t					vent 19 will be seeded
	t to slow	`					o 11 0 50	to imprest of time. =	, one 15 , , in 00 50000
100000			to all USMS	and CASA regis	tered swim	mers 18	8 and ol	der as of February 19, 20	012.
	J							event registration forms	
NI O	CD 1		/	c \	10.	25. 7	25. 44	5. (5. 75	
	f Relays		X (iree) =	19+,	25+, 5))+, 4;	5+, $65+$, $75+$ (determine	ed by youngest swimmer)
				03.00 =	NO I	DECK	ENII	RIES, only relays ma	
Regis	tration F	ee	TO	40.00)			ENTRIES MUST	
			10	ΓAL				BY FEBRUARY	13, 2012
INDL	UDE PI	НОТОСОРУ	OF USM	IS REGISTR	ATION,	CHEC	CK OR	R MONEY ORDER -	MADE OUT TO
								AND SIGNED WAIV	
SENI) ENTR	IES TO:		FACILITY (^C anandai	ona H	igh Sc	hool pool is an 8 lane	- 25 vard
DLI (L		Fuller, Meet D				_	_	alent lane lines, and s	<u> </u>
	-	*		•					
	for continuous warm-up/down, 7.4 miles south of NYS Thruway Exit 44 of Rt 332 (Main St. in Canandaigua), East on Chapel St. 1 mile, left to school MORE INFORMATION and RESULTS: see http://www.sawbellies.or								•
				AWARDS: fo					ww.sawbellies.org
	(585)	394-2949 Tel						-8 circle swimming,	NO DIVING
	` ′	Lynn.Fuller@						r diving and sprints	NO DIVINO,
	Ciliaii.	Lymn.r uncre	<u>siii.cau</u>	10.50-	11.00 La	iics i	x 6 10	i diving and sprints	
Sanct	ioned b	y Niagara Di	strict Ma	sters Swimmi	ng for U	SMS,	Inc., S	Sanction Number: N	ND12-02
WAI	VER:								
									a physician. I acknowledge that I
								nent disability or death, and agr TIES INCIDENT THERETO, I	ree to assume all of those risks. AS HEREBY WAIVE ANY AND
ALL RIC	HTS TO C	LAIMS FOR LOSS	OR DAMAGE	S, INCLUDING ALL	CLAIMS FO	R LOSS	OR DAM	MAGES CAUSED BY THE NE	EGLIGENCE, ACTIVE OR
								TERS SWIMMING COMMITT HE MEETS OR SUPERVISING	
				es of USMS. (Rule B					

Signature of Participant_____