

★ Warm-ups from 7:45-8:45 a.m.
Meet begins promptly at 9:00 a.m.

2nd Annual Collingswood Masters Meet at Roberts Pool
215 Hillcrest Ave, Collingswood, NJ
Sunday, July 23, 2017

★ Don't forget to sign your waiver form on next page!

NAME (last) _____ (first) _____ SEX: M or F TEAM (if applicable) _____

ADDRESS (street) _____ (city & state) _____ (zip) _____ BIRTHDATE _____ AGE _____

EMAIL: _____ PHONE Home () _____ PHONE Cell () _____

EVENT NAME (Circle event numbers)	WOMENS EVENT #	MENS EVENT #	ENTRY TIME
240 & up 100 Medley Relay (Mixed)	1		
200-239 100 Medley Relay (Mixed)	2		
160-199 100 Medley Relay (Mixed)	3		
120-159 100 Medley Relay (Mixed)	4		
100-119 100 Medley Relay (Mixed)	5		
76-99 100 Medley Relay (Mixed)	6		
25 Freestyle	7	8	
50 Freestyle	9	10	
100 Individual Medley	11	12	
25 Backstroke	13	14	
50 Backstroke	15	16	
200 Freestyle	17	18	
25 Breaststroke	19	20	
50 Breaststroke	21	22	
100 Freestyle	23	24	
25 Butterfly	25	26	
50 Butterfly	27	28	
76-99 200 Free Relay (Mixed)	29		
100-119 200 Free Relay (Mixed)	30		
120-159 200 Free Relay (Mixed)	31		
160-199 200 Free Relay (Mixed)	32		
200-239 200 Free Relay (Mixed)	33		
240 & up 200 Free Relay (Mixed)	34		
Mixed 100 Free Relay for Novices*	35		

Entry Fees

___ Athlete fee \$ 10.00
___ Individual events x \$5.00 \$ _____
___ Relays x \$3.00 each \$ _____

1 Complimentary T-Shirt (Circle Size)

SIZES: M L XL
Extra T-Shirt(s) \$10.00 each
SIZES: M L XL \$ _____

TOTAL PAID Make check payable to Collingswood Swim Team

Check # _____ or Cash \$ _____

Please indicate payment type.

Please sign waiver on next page.

You may enter up to 5 individual events and 2 relays (no more than 7 events total). Circle the event numbers of your choice. If you have one or more relays, use relay form.

FORMS DUE NO LATER THAN JULY 1.

\$10 late fee for entries postmarked after 7/1/2017.

Mail all forms to:

Masters Meet Entry, 644 Stokes Avenue, Collingswood, NJ 08108

Questions, call Mary Anne Degenhart at 856.986.9556 or email at madegenhart@verizon.net

*Note: On relay events, the numbers to the far left represent the combined ages of relay team participants.

RELAYS: Please list names and ages (must be at least 19 years of age) of your relay participants on a separate paper, along with the event names and numbers. Mail your relays in with this paper (or separately if you are handling relays for a team). **NOTE:** If a relay swimmer is not entered in any other event, he or she still must pay the athlete fee of \$10.00.

**WAIVER FORM: Please read and sign below.
No entries will be accepted without a signed waiver.**

RELEASE OF LIABILITY BY PARTICIPANT:

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 competitive swimming, including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE COLLINGSWOOD POOL MASTERS MEET IN COLLINGSWOOD ON JULY 23TH, 2017, OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS OF LOSS OR DAMAGES, INCLUDING ALL CLAIMS OF LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF ROBERTS POOL, COLLINGSWOOD MARLINS AND THE BOROUGH OF COLLINGSWOOD, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEET OR SUPERVISING SUCH ACTIVITIES.*

Print Name _____

Signature _____

Date _____

*Form adapted from US Masters Swimming release of liability form