



# St. Louis Area Masters

Fall Short Course Meters Meet

November 13, 2005



Sanctioned by Ozark Association for USMS, Inc.  
Sanction #4920

**Please Return this Entry Form with Fee by November 6, 2005**

Name\*: \_\_\_\_\_  
Last First M.I.

\*Print same as it appears on USMS Registration Card

Address: \_\_\_\_\_  
Street City State: Zip:

Email: \_\_\_\_\_ Day Phone \_\_\_\_\_ Eve. Phone \_\_\_\_\_

Sex (M/F) \_\_\_\_\_ Age as of 12/31/05: \_\_\_\_\_ years old Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Club Name or Unattached \_\_\_\_\_ USMS Reg. # \_\_\_\_\_  
or workout group if SLAM

		Entry Time			Entry Time
1	200m Medley Relay	_____	12	200m Freestyle	_____
2	50m Back	_____	13	400m Medley Relay	_____
3	100m Breast	_____	14	50m Breast	_____
4	200m Butterfly	_____	15	100m Freestyle	_____
5	400m Freestyle	_____	16	100m Butterfly	_____
6	400m IM	_____	17	200m IM	_____
7	200m Freestyle Relay	_____	18	50m Freestyle	_____
8	50m Butterfly	_____	19	200m Back	_____
9	100m Back	_____	20	400m Freestyle Relay	_____
10	200m Breast	_____	21*	800m/1500m Freestyle	_____
11	100m IM	_____			

\* One or other, not both, please specify

SLAM will host a social for swimmers along with their families and guests immediately following the meet. Join us!  
Please, indicate if you will be attending the social and the number in your party we should plan for.

**I will / will not (circle one) be attending the SLAM Social. I will have \_\_\_\_\_ in my party.**

**Release from Liability:** 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 acknowledged 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, ST. LOUIS MASTERS SWIM CLUB INC., MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES, AS A CONDITION OF MY PARTICIPATION IN MASTERS SWIMMING. In addition, I further agree to abide by and be governed by the rules and regulations of USMS.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Participant: \_\_\_\_\_

**Fees: \$12 meet entry fee plus \$4 per event**

## MAIL COMPLETED ENTRY FORM AND FEES:

Amato & Shinn Assoc., PC, 303 East 4<sup>th</sup> St., Suite 1 West, Waterloo, IL, 62298, Attn: Fred Shinn