



**Washington Univ./St. Louis Area Masters
Ozark Zone Short Course Yards Championships
March 20-21, 2004
Sanctioned by Ozark Association for USMS, Inc.
Sanction # 4805**



Please Return this Entry Form with Fee by March 13, 2004

Name*: _____
Last First M.I.

*Print same as it appears on UMSS registration Card

Address: _____
Street City State: Zip:

Email: _____ Day Phone _____ Eve. Phone _____

Sex (M/F) _____ Age: _____ Date of Birth _____

Club Name or Unattached _____ USMS Reg. # _____
or workout group if SLAM AND SEE BELOW!!

Saturday

- 1 500y Free
- 30 Minute Break**
- 2 100y IM
- 3 50y Breast
- 4 100y Fly
- 5 200y Back
- 6 200/400y Medley Relay
- 7 100y Free
- 8 200y Breast
- 9 400y IM
- 10 50y Back

Entry Time

deck seed

Sunday

- 11 1000y Free*
- 12 1650y Free*
- 30 Minute Break**
- 13 50y Fly
- 14 200y Free
- 15 100y Breast
- 16 200/400/800y Free Relay
- 17 100y Back
- 18 200y Fly
- 19 200y IM
- 20 50y Free

Entry Time

deck seed

*One or the other; not both.

If your USMS Team is SLAM, **PLEASE** specify your club or workout group:

____ Clayton Shaw Park
____ Team St. Louis
____ West County YMCA
____ St. Louis Univ.
____ JCCA

____ Parkway
____ Washington Univ.
____ Alton Masters
____ Rockwood
____ Sugar Creek

____ Mid-County YMCA
____ Rec-Plex
____ HEAT
____ Univ. City
____ Missouri Ath. Club

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: _____

Enclose the following with this meet entry:

- 1 Check for \$15.00 made payable to SLAM
- 2 Copy of USMS Card, applications will be available at meet.

**MAIL COMPLETED ENTRY FORM AND FEES BY MARCH 13, 2004, TO:
Matt Shirley, 2204A Cherrywood Ln, Scott AFB, IL 62225**