

2013 1st Annual Bermuda International Masters Swim Meet Registration Form:

Friday September 20th – Sunday September 22nd, 2013

Please **circle** the event number you wish to enter and if you have one enter a seed time. Competitors may enter no more than **5** events. Seeding will be from slow to fast regardless of age. Entries with no seed times will be placed in the slowest heat. Heat sheets will be posted. Separate results by age group will be posted after each event.

Event No:	Entry Time Women	Event	Entry Time Men	Event No:
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1		200 IM		2
3		50 Back		4
5		100 Fly		6
7		400 Free		8
9		50 Fly		10
11		100 Breast		12
13		200 Back		14
15		100 Free		16
17		200Free		18
19		50 Breast		20
21		100 Back		22
23		200 Fly		24
25		100 IM		26
27		400 IM		28
29		50 Free		30
31		200 Breast		32
33		800 Free		34
		(Open water swim)		

Please note: There will be NO relays at this event.

Participant Information:							
Name:							
Address:							
Email:							
Phone:							
Age: DOB: Gender (please circle): M F							
Emergency Contact: (name/phone)	_						
Meet Details:							
Facility: The pool is a 50 meter outdoor pool with electronic timing. The meet will consist of 25 meter eve with the competitive events being held within the deep tank. Warm ups and cool downs will be available in the shallow training tank.							
Warm ups: Warm up for evening sessions on Friday and Saturday are from 5 45pm – 6 45pm with events star at 7pm. Warm up for morning sessions on Saturday and Sunday are from 7 30am – 8 30am with events starting 9am.							
Entry Fee: The entry fee is \$75 per athlete payable to the National Sports Centre. Payment can be made on line secure VISA/Mastercard (as of June 1 st)							
Contact: Daniel Woods – dwoods@ nsc.bm or Amy Fox at afox@nsc.bm							
Please send entries to: 50 Frog Lane Devonshire PO Box HM262 Hamilton, Bermuda HMJX or via ema afox@nsc.bm	il to						
Waiver: (must be signed by all participants)							
"I the undersigned participant, intending to be legally bound, hereby certify that I am physically fit a have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inhering masters Swimming (training and competition) including possible permanent disability or death and agree to assume all of those risks. As a Condition of My Participat In the Masters Swimming Program and any activities incident thereto, I hereby waive any and all rights to claims for loss or damages included those caused by the negligence, active or passive, of the following: the Bermuda amateur swimming association, bermuda national sports centred to claim and the program of the Bermuda amateur swimming committees, the clubs, host facilities, meet supported by the rules of the Bermuda Amateur Swimming Association.	TION NG E TRE,						
Signature of the Participant: Date:							