



# **YMCA MASTERS SWIMMERS**

**SIGN UP NOW  
FOR THE  
2010  
YMCA MASTERS  
NATIONAL SWIMMING MEET**

**FORT LAUDERDALE AQUATIC COMPLEX  
FORT LAUDERDALE, FLORIDA  
APRIL 15 - 18, 2010**

**SOCIAL IS FRIDAY APRIL 16, 2010  
BUFFET DINNER 4-6 PM  
WESTIN HOTEL  
COST \$10/person**

**ENTRY DEADLINE IS MARCH 17, 2010**

2010 YMCA Masters National Championship  
April 15-18, 2010  
Fort Lauderdale Florida

## Reminders

**NEW!!!!**

### Executive Director:

**Your signature on the full privilege roster pages verifies that all competitors from your YMCA are presently full privilege members and have been for 90 days prior to last day of competition.**

**If they are not full privilege they must be listed as Program Members**

Please be sure that your swimmers are listed correctly.

There are two roster sheets

One is for full privilege members

One is for program members

### **Insurance**

Each competitor must be covered by insurance

There is no individual insurance

Every competitor must be sure that their YMCA has submitted a **certificate of insurance for their YMCA.**

The wording must be exact.

**Check the website [www.swimminganddiving.org](http://www.swimminganddiving.org) for a sample.**

# YMCA Masters National Swimming Meet Individual Entry Form

**Fort Lauderdale Aquatic Complex  
Fort Lauderdale, Florida  
April 15- 18, 2010**

*Recognized by Florida Gold Coast for USMS, Inc.*

\* Be sure to enter your name exactly as it appears on your USMS card if you wish your times to be submitted for USMS records.

Name * (Last)		(First)	(MI)
USMS Reg. #	Age (as of 4/15/2010)	Birthdate (M/D/YY)	Gender (M/F)
Address (Street)		(City)	(State) (Zip)
E-Mail	Day Phone ( )	Eve. Phone ( )	
Emergency Contact		Phone ( )	
YMCA Name		Team Code	
YMCA Address (Street)		(City)	(State) (Zip)

**Note: You may enter no more than 3 individual events per day and no more than 8 individual events for the meet. "No Time" entries will not be accepted.**

**Warm-up starts at 6:30 AM Meet Starts at 8:00 AM**

**(circle gender) Thursday, April 15, 2010**

W / M	Event	Entry Time
101/102	1650 Freestyle	
103/104	1000 Freestyle	

**(circle gender) Friday, April 16, 2010**

W / M	Event	Entry Time
201/202	400 Individual Medley	
203	Mixed 200 Medley Relay	See Relay Form
205/206	50 Butterfly	
207/208	200 Freestyle	
209/210	100 Backstroke	
211/212	200 Breast stroke	
213/214	400 Freestyle Relay	See Relay Form

**(circle gender) Saturday, April 17, 2010**

W / M	Event	Entry Time
301	500 Freestyle (Women)	
303/304	200 Medley Relay	See Relay Form
305/306	200 Backstroke	
307/308	50 Freestyle	
309/310	100 Breaststroke	
311/312	200 Individual Medley	
313/314	100 Brutterfly	
315/316	200 Freestyle Relay	See Relay Form

**(circle gender) Sunday, April 18, 2010**

W / M	Event	Entry Time
402	500 Freestyle (Men)	
403/404	200 Mixed Freestyle Relay	See Relay Form
405/406	50 Breaststroke	
407/408	100 Individual Medley	
409/410	200 Butterfly	
411/412	100 Freestyle	
413/414	50 Backstroke	

**Liability Release:**

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 the risks inherent in Master's swimming (training and competition) including possible permanent disability or death, and agree to assume all of those risks. I hereby waive any and all rights to claims for loss or damage arising out of my participation in the YMCA Masters swimming program or any activities incident thereto against the YMCA of the USA, the YMCA National Swimming and Diving Advisory Committee, the City of Fort Lauderdale, Fort Lauderdale Aquatics or their respective officers, meet committee, employees, agents and directors, or any individuals officiating, as a condition of my participation in the 2010 YMCA Masters National Swimming Meet to be held April 15-18, 2010.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Meet surcharge (required)	<u>1</u>	x \$25	<b>\$25</b>
Number of Individual Events	_____	x \$7 =	_____
Social	_____	x \$10	_____
Guests at Social (optional)	_____		_____
<b>TOTAL FEES =</b>			

**Entry Checklist:**

- c Entry form filled out completely with times in proper column.
- c Entered in no more than three events per day, eight for the meet.
- c Liability Release (above) signed and dated.

If you are the only swimmer from your YMCA then:

- c Completed Team Entry form signed by your YMCA Executive Director.
- c Completed Roster form signed by your YMCA Executive Director.
- c Fees payable to "YMCA Masters National Swimming Meet".
- c Entry received March 10, 2010 6 PM
- c Stamped, self-addressed envelope for confirmation (optional).

**This entry form is not complete unless your name is included on the signed Team Roster Form and your YMCA has sent the "Certificate of Liability Insurance" to the YMCA of the USA.**

## YMCA Masters National Swimming Meet Relay Entry Form

Enter time in the appropriate block for each relay team.  
Each swimmer must complete an "INDIVIDUAL ENTRY FORM" even if swimming only in relays.  
Relay age is based on the age of the youngest swimmer in the relay.  
A team may enter unlimited relays in each event

See the meet information sheet for additional information on relays.

YMCA NAME \_\_\_\_\_

AGE GROUP	WOMEN'S RELAYS			MEN'S RELAYS			MIXED RELAYS			
	FRIDAY EVENT 213 400 YD FREE	SATURDAY EVENT 303 200 YD MEDLEY	SATURDAY EVENT 315 200 YD FREE	FRIDAY EVENT 214 400 YD FREE	SATURDAY EVENT 304 200 YD MEDLEY	SATURDAY EVENT 316 200 YD FREE	FRIDAY EVENT 201/202 200 YD FREE	SUNDAY EVENT 403/404 200 YD MEDLEY		
19+	A	A	A	A	A	A	A	D	A	D
	B	B	B	B	B	B	B	E	B	E
	C	C	C	C	C	C	C	F	C	F
25+	A	A	A	A	A	A	A	D	A	D
	B	B	B	B	B	B	B	E	B	E
	C	C	C	C	C	C	C	F	C	F
35+	A	A	A	A	A	A	A	D	A	D
	B	B	B	B	B	B	B	E	B	E
	C	C	C	C	C	C	C	F	C	F
45+	A	A	A	A	A	A	A	D	A	D
	B	B	B	B	B	B	B	E	B	E
	C	C	C	C	C	C	C	F	C	F
55+	A	A	A	A	A	A	A	D	A	D
	B	B	B	B	B	B	B	E	B	E
	C	C	C	C	C	C	C	F	C	F

\*\*\* COMPLETE THE TEAM FEE SUMMARY FORM \*\*\*

## YMCA Masters National Swimming Meet Relay Entry Form

Enter time in the appropriate block for each relay team.  
 Each swimmer must complete an "INDIVIDUAL ENTRY FORM" even if swimming only in relays.  
 Relay age is based on the age of the youngest swimmer in the relay.  
 Associations may enter no more than 3 relays in each age group of a women's and men's relay event,  
 and 6 relays in each age group of a mixed relay event.  
 See the meet information sheet for additional information on relays.

YMCA NAME \_\_\_\_\_

AGE GROUP	WOMEN'S RELAYS			MEN'S RELAYS			MIXED RELAYS			
	FRIDAY 213 400 YD FREE	SATURDAY 303 200 YD MEDLEY	SATURDAY 315 200 YD FREE	FRIDAY 214 400 YD FREESTYLE	FRIDAY 304 200 YD MEDLEY	SATURDAY 316 200 YD FREE	SATURDAY 203 200 YD FREESTYLE		SUNDAY 403 200 YD MEDLEY	
65+	A	A	A	A	A	A	A	D	A	D
	B	B	B	B	B	B	B	E	B	E
	C	C	C	C	C	C	C	F	C	F
75+	A	A	A	A	A	A	A	D	A	D
	B	B	B	B	B	B	B	E	B	E
	C	C	C	C	C	C	C	F	C	F
85+	A	A	A	A	A	A	A	D	A	D
	B	B	B	B	B	B	B	E	B	E
	C	C	C	C	C	C	C	F	C	F

\*\*\* COMPLETE THE TEAM FEE SUMMARY FORM \*\*\*

# YMCA Masters National Swimming Meet Team Entry Form

**YMCA Information:**

YMCA Name \_\_\_\_\_ Association Number \_\_\_\_\_  
Address (Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (     ) \_\_\_\_\_ FAX (     ) \_\_\_\_\_ E-mail \_\_\_\_\_

**Coach / Team Rep Information:**

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Address (Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Day Phone (     ) \_\_\_\_\_ Evening Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

**Please indicate where your team will be staying during the meet:**

Hotel Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

**Coach / Team Rep Release (Must have signatures below, no exceptions):**

In consideration of the acceptance of this entry, I hereby, for myself, my heirs, administrators and assigns, waive and release any and all claims against YMCA of the USA, the YMCA National Swimming and Diving Advisory Committee, the City of Fort Lauderdale, Fort Lauderdale Aquatics and all other staff for injuries and/or expenses incurred by me at the meet.

Coach / Team Rep \_\_\_\_\_ Date \_\_\_\_\_  
Coach / Team Rep \_\_\_\_\_ Date \_\_\_\_\_  
Coach / Team Rep \_\_\_\_\_ Date \_\_\_\_\_

**ATTENTION EXECUTIVE DIRECTORS  
Certificate of Liability Insurance (Required)**

I hereby certify that our YMCA has a minimum \$1,000,000/\$2,000,000 in liability insurance that covers our coaches and swimmers during their participation in the YMCA Masters National Swimming Meet and also names the YMCA of the USA Certificate Holder as an additional insured as it relates to this meet.

Executive Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Executive Director's name printed \_\_\_\_\_

Send your "Certificate of Liability Insurance" (original certificate of insurance must be from broker/insurance carrier) by March 17, 2010:

YMCA of the USA  
Attn: Joanne Wehrly  
101 North Wacker Drive  
Chicago, IL 60606

**YMCA TEAMS THAT DO NOT COMPLY WITH THIS REQUIREMENT  
WILL NOT BE ALLOWED TO SWIM AT THE MEET**

**YMCA Masters National Swimming Meet  
Team Fee Summary Form**

YMCA Name \_\_\_\_\_

**NOTE: FINAL RESULTS will be posted on the web at:  
<http://www.ymcaswimminganddiving.org>  
No copies of the FINAL RESULTS will be mailed**

TOTAL NUMBER OF WOMEN PARTICIPANTS \_\_\_\_\_ x \$25.00 = \_\_\_\_\_  
TOTAL NUMBER OF WOMEN'S INDIVIDUAL EVENT ENTRIES \_\_\_\_\_ x \$7.00 = \_\_\_\_\_  
TOTAL NUMBER OF MEN PARTICIPANTS \_\_\_\_\_ x \$25.00 = \_\_\_\_\_  
TOTAL NUMBER OF MEN'S INDIVIDUAL EVENT ENTRIES \_\_\_\_\_ x \$7.00 = \_\_\_\_\_  
TOTAL NUMBER OF RELAY TEAM EVENT ENTRIES \_\_\_\_\_ x \$20.00 = \_\_\_\_\_  
TOTAL NUMBER ATTENDING SOCIAL \_\_\_\_\_ x \$10.00 = \_\_\_\_\_

TOTAL FEES ENCLOSED = \_\_\_\_\_

**SEND ONLY ONE CHECK OR MONEY ORDER PER TEAM TO COVER ALL FEES!**

**MAKE CHECK PAYABLE TO:  
"2010 YMCA NATIONAL MEET"**

**MAIL ENTRY FORMS AND CHECK TO:  
CLAUDIA MULTER, MEET DIRECTOR  
1075 OAKMONT AVENUE  
HAMILTON, OHIO 45013**

**RELAY CARD REQUEST**

**If you have 10 or more relays entered above, you may have relay cards sent to the address below.  
The cards will be sent approximately 1 to 2 weeks before the meet.**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

# YMCA MASTERS NATIONAL SWIMMING MEET

## 2010 ORDER OF EVENTS

WOMEN	MEN	EVENT
<b>THURSDAY, APRIL 15, 8:00 AM</b>		
101	102	1650 YARD FREESTYLE * (see note below)
103	104	1000 YARD FREESTYLE * (see note below)
<b>FRIDAY, APRIL 16, 8:00 AM</b>		
201	202	400 YARD INDIVIDUAL MEDLEY * (see note below)
203		200 YARD MIXED MEDLEY RELAY
205	206	50 YARD 50 BUTTERFLY
207	208	200 YARD FREESTYLE
209	210	100 YARD BACKSTROKE
211	212	200 YARD BREASTSTROKE
213	214	400 YARD FREESTYLE RELAY
<b>SATURDAY, APRIL 17, 8:00 AM</b>		
301		500 YARD FREESTYLE (WOMEN)* (see note below) (15 MINUTE WARM-UP)
303	304	200 YARD MEDLEY RELAY
305	306	200 YARD BACKSTROKE
307	308	50 YARD FREESTYLE
309	310	100 YARD BREASTSTROKE
311	312	200 YARD INDIVIDUAL MEDLEY
313	314	100 YARD BUTTERFLY
315	316	200 YARD FREESTYLE RELAY
<b>SUNDAY, APRIL 18, 8:00 AM</b>		
402		500 YARD FREESTYLE (MEN) * (see note below) (15 MINUTE WARM-UP)
403		200 YARD MIXED FREESTYLE RELAY
405	406	50 YARD BREASTSTROKE
407	408	100 YARD INDIVIDUAL MEDLEY
409	410	200 YARD BUTTERFLY
411	412	100 YARD FREESTYLE
413	414	50 YARD BACKSTROKE

\* These events will be seeded by time, slowest to fastest. All other events will be seeded by age group and then by time, slowest to fastest.



**YMCA Masters National Swimming Meet  
Team Roster Form Full Privilege Members**

\*\*\* TYPE OR PRINT LEGIBLY \*\*\*\* ENTRY DEADLINE IS MARCH 17, 2010 \*\*\*

YMCA NAME \_\_\_\_\_

ASSOCIATION NUMBER \_\_\_\_\_

**ENTER ONE NAME PER BLOCK, DUPLICATE THIS FORM IF MORE THAN 25 SWIMMERS OF EITHER GENDER.**

In the "Exp Date" column, enter the expiration date of the swimmer's YMCA membership, or "C" if continuous.

WOMEN'S NAMES (LAST, FIRST MI)	Exp Date		MEN'S NAMES (LAST, FIRST MI)	Exp Date
		1		
		2		
		3		
		4		
		5		
		6		
		7		
		8		
		9		
		10		
		11		
		12		
		13		
		14		
		15		
		16		
		17		
		18		
		19		
		20		
		21		
		22		
		23		
		24		
		25		

**Full Privilege Members**

**I certify that all of the individuals above are members of this YMCA with full facility privileges, and they have been members for a minimum of ninety days prior to the last day of competition, April 15, 2010.**

Executive Director \_\_\_\_\_

Date \_\_\_\_\_

**YMCA Masters National Swimming Meet  
Team Roster Form Program Members**

\*\*\* TYPE OR PRINT LEGIBLY \*\*\* ENTRY DEADLINE IS MARCH 17, 2010 \*\*\*

YMCA NAME \_\_\_\_\_

ASSOCIATION NUMBER \_\_\_\_\_

ENTER ONE NAME PER BLOCK, DUPLICATE THIS FORM IF MORE THAN 25 SWIMMERS OF EITHER GENDER.  
In the "Exp Date" column, enter the expiration date of the swimmer's YMCA membership, or "C" if continuous.

WOMEN'S NAMES (LAST, FIRST MI)	Exp Date		MEN'S NAMES (LAST, FIRST MI)	Exp Date
		1		
		2		
		3		
		4		
		5		
		6		
		7		
		8		
		9		
		10		
		11		
		12		
		13		
		14		
		15		
		16		
		17		
		18		
		19		
		20		
		21		
		22		
		23		
		24		
		25		

**Program Members**

**I certify that all of the individuals above are Program members of this YMCA  
and they have been members for a minimum  
of ninety days prior to the first day of competition, April 15, 2010.**

Executive Director \_\_\_\_\_

Date \_\_\_\_\_