

**INDIANA UNIVERSITY MASTERS SWIM MEET**  
**Saturday, February 14, 2009**  
**Sanctioned by GRIN for USMS Sanction Number: 169 – S 02**

**SPONSORED BY:** IU Masters Swim Club

**LOCATION:** The Counsilman/Billingsley Aquatic Center (812-855-7772) is located on Law Lane (between Jordan and Union and just north of 10th St.) in the Student Recreational Sports Center (SRSC). Parking is available adjacent to the building, and in a parking lot off 10th St. (at the traffic light east of Jordan). Signs indicate it is restricted parking, but you should not be ticketed. If you are, please give your ticket to the meet director and it will be taken care of.

**FACILITY:** The Counsilman Pool will be set up as an 8 lane, 25 yard pool with non-turbulent lane lines. Colorado electronic timing will be provided. A minimum of two lanes at the north end of the pool and/or in the diving well will be available for warm-up and cool-down during the meet.

**SCHEDULE:** Warm-ups start at noon (EST). **THE MEET STARTS AT 1:00 PM.** Meet should finish at approximately 4:30 pm.

**MEET CONDUCT:** 2009 USMS rules will govern the conduct of the meet.

**ELIGIBILITY:** All entrants must be registered with United States Masters Swimming, Inc. Each swimmer is eligible to swim a maximum of five events, excluding relays. All swimmers must include a copy of their USMS registration card with this entry form.

**AGE GROUPS:** 18-24, 25-29, 30-34, etc.

**ENTRY FEE:** The entry fee is \$5.00 per individual event plus a \$7.00 surcharge. Swimmers may enter a maximum of five events. **Swimmers may deck enter between noon and 12:45 pm, but will be charged \$6.00 per event plus a \$8.00 surcharge.** Please make checks payable to: **IU Masters Swim Club.**

**RELAYS:** All relays are deck entered **AT NO CHARGE.**

**DEADLINE:** Entries must be received by Wednesday, February 11, 2009.

**SEEDING:** Heats will be swum from slowest to fastest. Swimmers entered with "No Time" will swim in the slowest heats. Men and women will swim separately, but may swim together at the discretion of the director.

**AWARDS:** Ribbons will be awarded to the first six places in each event in each age group.

**RESULTS:** Complete results will be posted on the state masters website: [www.grinswim.org](http://www.grinswim.org)

**MAIL ENTRIES TO:** Nan Stager, Meet Director,  
3720 Bluebird Lane,  
Bloomington, IN 47401  
812-333-6951 email: [nstager@indiana.edu](mailto:nstager@indiana.edu)

**LOCAL HOTELS:** Indiana Memorial Union (812-856-6381), Days Inn (336-0905), Hampton Inn (334-2100), Holiday Inn (334-3252) Comfort Inn (339-1919), Super 8 Motel (323-8000), Shoney's Inn (323-2222) Courtyard by Marriott (335-800)

EVENTS	Women		Men
	1	200 yd Medley Relay	2
	3	200 yd Individual Medley	4
	5	50 yd Butterfly	6
	7	100 yd Breaststroke	8
	9	200 yd Backstroke	10
	11	50 yd Freestyle	12
	13	200 yd Mixed Free Relay	13
	15	100 yd Butterfly	14
	17	200 yd Breaststroke	16
	19	50 yd Backstroke	18
	21	400 yd Individual Medley	20
	23	100 yd Freestyle	22
	25	200 yd Butterfly	24
	26	200 yd Mixed Medley Relay	26
	27	100 yd Backstroke	28
	29	50 yd Breaststroke	30
	31	200 yd Freestyle	32
	33	100 yd Individual Medley	34
	35	200 yd Free Relay	36
	37	500 yd Freestyle	38

**ENTRY FORM**

NAME \_\_\_\_\_ SEX \_\_\_\_ AGE \_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ TEAM \_\_\_\_\_ USMS# \_\_\_\_\_

EVENT NUMBER	EVENT NAME	SEED TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FEES: Number of events entered: \_\_\_\_\_ X \$5 (\$6 after 2/11/09) = \_\_\_\_\_  
 surcharge of \$7 (\$8 after 2/11/09) = \_\_\_\_\_

**Make checks payable to IU Masters Swim Club Total = \_\_\_\_\_**

**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 acknowledge that I am aware of all 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, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS. (Rule Book Article203.1)

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