



Kevin Kelly Memorial Swim Meet
March 12, 2005
Ankeny Family YMCA
 Warm-Ups: 12:30-1:15 PM
 Meet Times: 1:30- 6:00 PM

RECOGNITION # 40303R

Please complete the following information. Write your best current time in front of each event you would like to compete in. If no time, enter N/T for no time. There is a five event limit plus relays.

Age Group (Circle one): 19 – 24, 25 – 29, 30 – 34, 35 – 39, 40 – 44, 45 – 50, 55 – 59, 60 – 64, 65 – 69, 70 and over

Name: _____ Sex: M / F Age: _____ Birthday: / /

Address: _____ Home Phone: _____

City: _____ Work Phone: _____

State: _____ Zip: _____

Events

- | | | |
|--------------------------------|-----------------------------------|---------------------------------|
| #1: 200 Medley Relay _____ | #8: 50 Fly _____ | #15: 200 Free _____ |
| #2: 500 Free _____ | #9: 100 Free _____ | #16: 200 Mixed Free Relay _____ |
| #3: 200 IM _____ | #10: 50 Back _____ | #17: 50 Breast _____ |
| #4: 50 Free _____ | #11: 100 IM _____ | #18: 100 Fly _____ |
| #5: 100 Back _____ | #12: 200 Breast _____ | #19: 200 Back _____ |
| #6: 100 Breast _____ | #13: 200 Mixed Medley Relay _____ | #20: 1650 Free _____ |
| #7: 400 Mixed Free Relay _____ | #14: 200 Fly _____ | |

Meet Entry Fee: \$25.00 Entry fee includes a **\$.50** contribution of Masters Swimming in Iowa.
Please have entries into Makala R. Brinkley by March 9th, 2005

Mail entries and make checks payable to:

Ankeny Family YMCA,
 1102 N. Ankeny Blvd.,
 Ankeny, Iowa 50021

Attention: Makala R. Brinkley, Aquatic Director

Phone: 965-8303 ext. 114

Makala.brinkley@dymymca.org

LIABILITY RELEASE (as follows): "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 the USMS."

Signature: _____ Date: _____