

KEVIN KELLY MEMORIAL SWIM MEET

March 18, 2006

HOSTED BY THE ANKENY FAMILY YMCA

RECOGNIZED BY IOWA MASTERS SWIMMING FOR USMS, INC

All proceeds from this swim meet will go towards Partner With Youth

IOWA MASTERS RECOGNITION # 40406R

Warm-Ups: 12:00-1:00 PM

Meet Times: 1:30 – 6:00 PM

The Site: Eight lane, 25 yard pool with non-turbulent lane markers. Daktronic timing system with touch pads.

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): 18 – 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: _____

T-shirt Size (please circle one) S M L XL XXL

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 _____

Early Meet Entry Fee: \$25.00 Entry fee includes a \$.50 contribution of Masters Swimming in Iowa.

Day of Meet Entry Fee: \$30.00 Entry fee includes a \$.50 contribution of Masters Swimming in Iowa.

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: _____

NOTE: Times swum at this meet will not be eligible for USMS Top Ten or USMS National Records as the pool length is not certified. Times will be eligible for Iowa Masters State Records.