

Official Entry Form

2007 IOWA State Masters/ 25th Annual Breadbasket Zone Championships

Coe College Natatorium, 13th St. NE, Cedar Rapids, IA

Dates: April 28-29, 2007

Sanctioned by U.S.M.S., Inc. and Local Masters Swimming Committee, Iowa Masters Swimming
Sanction Number: 400705

Please print all information as it appears on your USMS card and sign waiver on form.

NAME _____ USMS # _____
ADDRESS _____ Home Phone _____
CITY _____ STATE _____ ZIP CODE _____
BIRTHDATE __/__/__ SEX M F AGE (as of April 28, 07) _____
LMST Team _____ Workout Location _____

Circle event number (women odd numbers/men even numbers) and enter seed time

Saturday, April 28, 2007		Sunday, April 29, 2007	
1 / 2	400 Medley relay _____	23/24	200 Free Relay _____
3 / 4	200 Back _____	25/26	200 Breast _____
5 / 6	50 Breast _____	27/28	100 Free _____
7 / 8	100 Fly _____	29/30	200 IM _____
9 / 10	200 Medley Relay _____	31	200 Mixed Free Relay _____
11/12	400 IM _____	33/34	50 Fly _____
13/14	50 Free _____	35/36	200 Free _____
15/16	500 Free _____	37/38	100 Back _____
17/18	100 Breast _____	39/40	200 Fly _____
19	200 Mixed Medley Relay _____	41/42	100 IM _____
21/22	1000 Free _____	43/44	50 Back _____
		45/46	400 Free Relay _____
		47/48	1650 Free _____

Money enclosed: Registration fee \$7.50 Mail entry to:
_ Individual events @ \$2 (late \$3 after April 20) each _____ Judy Hackney
T-shirts will be offered for sale at the meet 3708 Yellow Pine Dr NE
Total amount enclosed _____ Cedar Rapids, IA 52402-1831
Meal at Coe Dining Hall \$5 each number of reservations for meal _____

ATTACH CHECK AND COPY OF USMS CARD TO THIS FORM. MAKE CHECKS TO: CRAA
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 DAMAGE CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, THE 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.

Date _____ Athlete's Signature _____

Check number _____ Cash Amount _____