

KEVIN KELLY MEMORIAL MASTERS SWIM MEET

HOSTED YMCA of Greater Des Moines – YswimFIT Master's Program

RECOGNIZED BY IOWA MASTERS SWIMMING FOR USMS, INC

Saturday, April 10 – Ankeny YMCA

Warm-Ups: 11:00am

Meet Time: 12:00-3:00pm

Pool Location: Ankeny Family YMCA – 1102 N Ankeny Blvd, Ankeny IA

Eight lane, 25 yard pool - Daktronics timing system with touch pads

Name: _____

Sex: M / F

Age: _____

Birth Date: _____

Address: _____

City: _____

State: _____

Phone: _____

T-Shirt Size (please circle one)

S

M

L

XL

XXL

Age Group (Circle one): 18 – 24, 25 – 29, 30 – 34, 35 – 39, 40 – 44, 45 – 50, 51-54, 55 – 59, 60 – 64, 65 – 69, 70 and over

Events

INCLUDE your best current time by each event you would like to compete in. If NO time, please put N/T

There is a FIVE event limit plus relays

#1: 200 Mixed Medley Relay _____

#7: 50 Fly _____

#13: 200 Free _____

#2: 500 Free _____

#8: 100 Free _____

#14: 200 Mixed Free Relay _____

#3: 200 IM _____

#9: 50 Back _____

#15: 50 Breast _____

#4: 50 Free _____

#10: 100 IM _____

#16: 100 Fly _____

#5: 200 Fly _____

#11: 200 Breast _____

#17: 200 Back _____

#6: 100 Breast _____

#12: 100 Back _____

#18: 1650 Free _____

Meet Entry Fee: \$25.00

Entry's Deadline: postmarked Tuesday, April 6

Checks payable to: YMCA
Mail to: Waukee Family YMCA
Kevin Kelly Swim Meet
POB 270 - Waukee IA 50263

Questions: Sara Roberts – YMCAswimFIT - 515-868-0509 or sara.roberts@dmymca.org
Volunteer Coordinator: Leann Williamsen – YMCAswimFIT Coordinator leann.williamsen@dmymca.org

Iowa Recognition Number: 401004R

"Times achieved at this competition will not be submitted for USMS Top Ten or records consideration as the pool length is not certified. Times will be submitted and eligible for Iowa Masters State Records."

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: _____