

Burlington Masters Winter Splash Registration Form

Sunday, February 8, 2009

Name:

Address:

City:

Province:

Postal Code:

Phone No. ()

Email Address:

Club Name:

Club Code:

MSO #:

Sex: M / F

Date of Birth:

Age as of December 31, 2009:

Maximum 7 individual events (relays are free of charge). See meet package for details.

Entries seeded according to time. Please enter a time for each event.

For open events, please state the stroke you will be swimming.

Event #	Event Name	Time
1	100 m Backstroke	_____
3	50 m Butterfly	_____
4	100 m Breaststroke	_____
5	50 m Freestyle	_____
7	400 m Open* (state Free or IM)	_____
8	100 m Butterfly	_____
9	50 m Backstroke	_____
11	200 m Open* (Fly, Ba, Br, Fr or IM)	_____
12	50 m Breaststroke	_____
13	100 m Individual Medley	_____
14	100 m Freestyle	_____
		Team Time
2	200 m Freestyle Relay	_____
6	200 m Mixed Medley Relay	_____
10	200 m Mixed Freestyle Relay	_____
15	200 m Medley Relay	_____

Entry Deadline: Sunday, February 1, 2009

Cost: \$35.00

Please make cheques payable to **Burlington Masters Swim Club or
BMSC**

Mail entry and cheque to

John Strang

2951 Walkers Line

Burlington, ON

L7M 4Y1

email: bmscmeet@gmail.com

ATHLETE WAIVER & RELEASE

In consideration of the acceptance of this entry, I for myself, my executors, administrators and assigns, do hereby

release and discharge the Burlington Masters Swim Club, Master Swimming Ontario and Master Swimming Canada

from all claims and damages, demands and actions whatsoever in any manner arising or growing out of my

participation in this event. I attest and verify that I have full knowledge of the risks involved in this event

and I am physically fit and sufficiently trained to participate. In addition, I agree to abide by and be governed

by the rules of MSO/MSC.

Signature:

Date: