

Burlington Masters Winter Splash Registration Form

Sunday, February 17, 2008

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, 2008: _____
 YYYY/MM/DD

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 10, 2008

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

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: