



## 2005-2006 NATIONAL CAPITAL CUP SPRINT SERIES

THEME: 2006 **LONG COURSE SPRINT 5** SWIM MEET

"Sanctioned by Masters Swimming Ontario and open to all registered Masters swimmers over 18 years of age."

DATE: Saturday, May 13, 2006

LOCATION: UNIVERSITY OF OTTAWA  
Montpetit Hall  
125 University Private (west of King Edward St.)

TIME: 7:45 a.m. Warm-up  
8:30 a.m. Start  
11:00 a.m. Finish

AWARDS: Ribbons and Certificate of Achievement Award for each age group

FREE Breakfast after swim meet

Entry Fee: \$25.00 flat fee----**LATE DECK ENTRY \$30.00**

Entries: To be filled out on SNC entry cards by Wednesday, May 3 /2006

Events: Events Seeded by Time  
Individual Events - Men & Women Mixed  
Heats Swum Slowest to Fastest

Cheque to be made payable to:

TECHNOSPORT  
1094 Castle Hill Cresc.  
Ottawa, Ont. K2C 2A8

Phone: (613) 769-4204

E-mail: [info@technosport.ca](mailto:info@technosport.ca)

Web Site: [www.technosport.ca](http://www.technosport.ca) (online registration)

# 2006 LONG COURSE SPRINT 5 SWIM MEET

Saturday, May 13, 2006

## SCHEDULE OF EVENTS

Please Enter Entry Time

1. 200, 400, 800 Mixed, Free or Medlay Relay, Men and/or Women ..\_\_\_\_\_
2. 50 Fly \_\_\_\_\_
3. 100 Free \_\_\_\_\_
4. 200 I.M \_\_\_\_\_
5. 100 Back \_\_\_\_\_
6. 50 Free \_\_\_\_\_
7. 100 Breast \_\_\_\_\_
8. 50 Back \_\_\_\_\_
9. 100 Fly \_\_\_\_\_
10. 50 Breast \_\_\_\_\_
11. 200 Free \_\_\_\_\_
12. 200, 400, 800 Mixed, Free or Medlay Relay, Men and/or Women ..\_\_\_\_\_

### 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 TECHNOSPORT Masters, 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.

Name: \_\_\_\_\_ Club \_\_\_\_\_ MSO# \_\_\_\_\_

Or other affiliation

Address: \_\_\_\_\_ Age as of Dec.31 2006: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

e-mail: \_\_\_\_\_