

## Central Florida Marlins Masters “Summer” Splash

- Sponsored by: Central Florida Marlins Masters Swim Team
- Sanctioned by: Florida LMSC for USMC Inc. – Sanction # 140-006
- Meet Director: Bill Vargo
- Meet Referee:
- Date & Time: Saturday, July 17, 2010
- Location: Newton A. Perry Aquatic Center – Ocala, Fl.  
Located on the Central Florida Community College Ocala Campus  
I-75 & SR 200  
3001 SW College Road – Ocala, Fl. 34474
- Pool: 8 lanes 50 meters with warm up and warm down available  
2 Hand held watches for all events
- Warmup: 10:00am
- Start: 11:00am
- Eligibility & Rules: Open to all Masters, ages 18 and older. **A copy of your 2010 USMS card must be attached to the entry form.** USMS rules will govern the meet.
- Entries: Swimmers must pre-enter by mail. Swimmers may swim up to 5 individual events. Single fee of \$ 30.00 covers entry fee and facility charge E-mail confirmation of entry receipt will be provided if you indicate such on the entry form. There will be no deck entries.
- Entry Deadline: **Meet entries must be postmarked by Saturday, July 10, 2010.** Late entries received by mail ( postmarked after July 10) , phone or e-mail after July 10 will be accepted with an additional \$ 10.00 fee until Tuesday, July 13, 2010.
- Information: Bill Vargo 352-873-5811 or email to [OcalaMarlins@aol.com](mailto:OcalaMarlins@aol.com)

# ENTRY FORM

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Age as of July 17, 2010: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

2010 USMS Registration #: \_\_\_\_\_ Team Initials: \_\_\_\_\_

## **Please circle event numbers and enter a time**

<u>Women's Events</u>	<u>Entry Time</u>	<u>Event in Meters</u>	<u>Men's Events</u>	<u>Entry Time</u>
1	_____	200 M Free	2	_____
3	_____	200 M I.M.	4	_____
5	_____	50 M Fly	6	_____
7	_____	200 M Breast	8	_____
<b>15 minute break</b>				
9	_____	100 M Breast	10	_____
11	_____	50 M Back	12	_____
13	_____	100 M Free	14	_____
<b>15 minute break</b>				
15	_____	100 M Fly	16	_____
17	_____	50 M Breast	18	_____
19	_____	400 M I.M.	20	_____
21	_____	200 M Back	22	_____
<b>15 minute break</b>				
23	_____	100 M Back	24	_____
25	_____	50 M Free	26	_____
27	_____	200 M Fly	28	_____
<b>15 minute break</b>				
29	_____	400 M Free	30	_____

## **Please read and sign:**

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 off all of 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 VOLUNTEERING OR OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. IN ADDITION, I AGREE TO ABIDE BY AND BE GOVERNED BY THE RULES OF USMS.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ENTRY FEE ( Make check payable to Ocala Aquatics ) - \$ 30.00**

**MAIL TO: Bill Vargo – 430 SW 43rd Pl. – Ocala, Fl. 34474**