

Florida LMSC Consolidated Entry Form

Name _____ male female USMS # _____
 Phone (____) _____ e-mail _____ Birthdate ____/____/____ *Age _____
 Club _____ If applicable, FACT chapter _____ ** SCY is your age on the last day of the meet; LCM and SCM are your age on December 31*

event #	FREE (seed time)	event #	BACK (seed time)	event #	BREAST (seed time)	event #	FLY (seed time)	event #	IM (seed time)
_____	50 ____:____.____	_____	50 ____:____.____	_____	50 ____:____.____	_____	50 ____:____.____	_____	100 ____:____.____
_____	100 ____:____.____	_____	100 ____:____.____	_____	100 ____:____.____	_____	100 ____:____.____	_____	200 ____:____.____
_____	200 ____:____.____	_____	200 ____:____.____	_____	200 ____:____.____	_____	200 ____:____.____	_____	400 ____:____.____
_____	400/500 ____:____.____	MEET: _____ Office Use Only LOCATION: _____ Amt. Rec'd _____ MEET DATES: _____ Date _____						_____	1500/1650 ____:____.____
_____	800/1000 ____:____.____								
_____	1500/1650 ____:____.____								

Read the information sheet carefully. Make your check payable as shown on the information sheet and mail it to the address shown there. All Masters swimmers may be asked to show their USMS cards, if requested, at the meet. Incomplete entries (no fee, no copy of USMS card, incomplete entry card) or late entries (postmarked/received after the deadline) **MAY BE REJECTED!** No time (NT) entries will **NOT BE ACCEPTED!**

Signature on this form is **REQUIRED!**

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 and be governed by the rules of USMS. (see Rule Book Article 203.1)

PLEASE SIGN AND DATE _____

If you are a Florida LMSC registered swimmer, a copy of your current USMS registration card may be required to be attached to this form by the meet director. Please refer to the meet information.

If you are not a Florida LMSC registered swimmer, a copy of your current USMS registration card **IS** required.

Attach the entry form tab from the bottom of the information page in this space!