

YWCA Greater Newburyport

 Masters Swim Meet

Sunday, January 27, 2019

**Hosted by:** YWCA Greater Newburyport

**Location:** YWCA Greater Newburyport, 13 Market Street, Newburyport, MA 01950

**Time:** 8:00 am Warm-up, 9:15 am Start

**Entry Fee:** Maximum of 5 individual events

 $15.00 entry fee if received via mail by Wednesday January 11, 2017

 $20.00 deck entry, deck entries will be accepted until 8:15 am

 Mail Entry forms to:

 Att: Diane Sagaser

 13 Market Street

 Newburyport, MA 01950

*Make checks out to: YWCA Greater Newburyport*

**Contact:** Diane Sagaser dsagaser@ywcanewburyport.org

 Ron Dienstmann

**Directions:**

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Gender: ( ) Male ( ) Female

Team\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Order of Events**

Place seed time next to events you are entering, max of 5 individual events:

1. 50 Freestyle \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. 100 Backstroke \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 50 Butterfly \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. 50 Breaststroke \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 50 Backstroke \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. 100 Breaststroke \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. 100 Freestyle \_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. 100 IM \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11. 200 Free Relay \_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. 200 Medley Relay \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12. 100 T-Shirt Relay \_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. 200 Freestyle \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver of Liability**

I, hereby, state that I am physically fit and do not suffer from any physical or health issues that would prevent me from participating in the YWCA Greater Newburyport’s physical programs. In order to participate, I am aware that the YWCA Greater Newburyport reserves the right to request a letter and/or medical examination from a medical doctor stating my health status.

I, the undersigned, my heirs and assigns, hereby, indemnify and holds harmless the YWCA Greater Newburyport (its directors, employees and agents) from all legal responsibility for any death, injury or any illness caused or sustained by any YWCA activity and/or program

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_

 Signature of applicant