



Plantation Piranhas LCM Masters Invite July 17-18, 2009

Sanctioned by Florida Gold Coast for USMS, Inc. Sanction Number 509-012

Location: Plantation Aquatic Complex – 9151 NW 2nd St. Plantation, FL 33324
Phone: 954-452-2526

Facility: Competition will be held in an 8-lane, 50 meter pool. Warm down space is available in a separate 25 yard pool. Colorado 6 timing system will be used with an 8-lane scoreboard to display results. Hy-tek Meet Manager Software will be used for the meet.

Meet Conduct: Current USMS rules will govern the conduct of the meet.

Eligibility: All competitors must hold current USMS registrations or valid travel permits or their equivalents, or have other acceptable proof of current Masters swimming registration, and must be 18 years of age or over.

Age Groups: Individual Events: 18-24, 25-29, 30-34, 35-39, etc. in 5-year increments.
Relay Events: 72–99, 100–119, 120–159, 160–199, 200–239, 240–279, 280–319, 320–359, 360–399... (40-year increments as high as is necessary). The aggregate age of the four relay team members shall determine the age group.

Entry Fees: A \$25 flat fee if received by Monday, July 13, 2009. A \$40 fee will be charged if received after July 13 (including deck entries). **Make checks payable to Plantation Swim Team Booster Club.**

Entry Limit: A maximum of 5 individual events may be swum each day. Swimmers posting entries over the entry limit will be considered as entered in the first five events.

Seeding: Swimmers will be seeded on the basis of submitted times regardless of age. Men and Women may be seeded together. Entrants submitting “no time” may be placed in the slowest heat for that event. Heats will be swum from slow to fast **except for the 800 and 400 IM which will be swum fast to slow.**

Awards: Award sheets will be available upon completion of the meet.

Deck Entries: will be accepted until 45 minutes prior to the start of each session. All relays will be deck entered. All deck entries will be seeded “NT”.

Meet Director: Tom Cuticchia, Assistant Coach, Plantation Swim Team. Meet Director reserves the right to make changes in order to run an efficient meet.

Plantation Piranhas LCM Masters Invite Entry Form
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Please Print Legibly or Type.

Name _____
 Gender _____ Birth Date _____
 Age on the last day of the meet _____
 USMS Number _____
 Team/Club _____
 Address _____
 City _____ State _____ Zip _____
 Phone (_____) _____
 E-mail _____

PLEASE ATTACH A COPY OF YOUR CURRENT USMS CARD.

Circle the event numbers in which you would like to be entered and show your seed time to the hundredth of a second. If you do not enter a time, you will be entered "NT". Limit of five individual events plus relays per day.

Friday, July 17, 2009: Warm-up starts at 5 PM; meet starts at 6 PM

Women	Men	Event Name	Seed Time
1	2	800 Freestyle	_____
3	4	400 IM	_____

Saturday, July 18, 2009: Warm-up starts at 9 AM; meet starts at 10 AM

Women	Men	Event Name	Seed Time
5	6	200 Medley Relay	_____
7	8	200 Freestyle	_____
9	10	50 Back	_____
11	12	100 Fly	_____
13	14	50 Free	_____
15	16	100 Breast	_____
17	18	50 Fly	_____
19	20	200 Back	_____
21	22	200 Freestyle Relay	_____
23	24	200 IM	_____
25	26	100 Back	_____
27	28	200 Breast	_____
29	30	100 Free	_____
31	32	200 Fly	_____
33	34	50 Breast	_____
35	36	400 Free	_____
37		Mixed 200 Free Relay	_____
48		Mixed 200 Medley Relay	_____

Mail entries to: Tom Cuticchia, Meet Director, Plantation Swim Team, 9151 NW 2nd St. Plantation, FL 33324

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 NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCALS 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 by and be governed by the rules of USMS.

Athlete's Signature: _____ Date: _____