



2011 Postal Pentathlon Swim Meet



Sponsors: Minnesota LMSC and KnightCrawlers Swim Club

Eligibility: Open to all registered masters swimmers for the 2011 or 2012 season.

Conduct of Meet:

- Participant swims the 5 events (Butterfly, Backstroke, Breaststroke, Crawlstroke, and Individual Medley) in a specific course (Sprint, Middle Distance, or Ironman - **no mixed courses**), preferably in a 25 yard pool.
- It is recommended that the pentathlon legs be swum in the order Butterfly, Backstroke, Breaststroke, Crawlstroke, and then Individual Medley.
- The events must be swum during the same day and it is recommended that all 5 events be swum in a 2 to 3 hour period.
- Participants may swim the Sprint, Middle Distance, or Ironman courses. If you desire to swim more than one course you should swim each course on a separate day.
- **All times must be recorded to the 1/100th of a second. Times not reporting tenths or hundredths will have 9's inserted for the missing digits.**
- The pentathlon must be swum from October 1, 2011 to December 31, 2011 and the entries must be postmarked by December 31, 2011. Include a copy of your USMS registration card or foreign equivalent.
- All results will be based on a 25 yard course. Swims performed in meter pools must indicate that their entries are from a meter pool so that the times can be converted to a yard equivalent. The meet results will compare each event of the pentathlon amongst the participants.
- **Incomplete or illegible entries will be returned. All fees are nonrefundable.**
- Sanctioned by Minnesota LMSC for USMS, Inc. 311-1231

Age Groups: 18-24, 25-29, ... , 95-99, 100+. **Age will be determined by the swimmers' age on December 31, 2011.**

Awards: Winners of each age group will receive a special award.

Entry Fee: \$10.00(US) per course.
Make checks payable in US funds to: **Minnesota LMSC**. All fees nonrefundable.
\$3.00 (US) per course Completion Certificate
\$20.00 (US) participation T-Shirt

Send entries to: **2011 Postal Pentathlon**
c/o Brian Cohn
413 Afton Drive
Northfield, MN 55057

Questions: Brian Cohn – chair@minnesotamasters.com or visit www.minnesotamasters.com



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Entry Form

Name _____ USMS or Foreign Registration # _____
 Address _____ Swim Club _____
 City _____ State _____ Zip/Postal Code _____ Country _____
 Phone _____ Email _____
 Birth Date ____ / ____ / ____ (MM/DD/YY) Gender Male Female

Sprint Course Participation fee (\$10)		
Sprint Course Certificate (\$3)		
Middle Distance Participation fee (\$10)		
Middle Distance Certificate (\$3)		
Ironman Participation fee (\$10)		
Ironman Certificate (\$3)		
B-Dry Core Performance Long Sleeve T-shirt (\$20)	<input type="checkbox"/> <i>Small</i> <input type="checkbox"/> <i>Medium</i> <input type="checkbox"/> <i>Large</i> <input type="checkbox"/> <i>XL</i> <input type="checkbox"/> <i>XXL</i>	
Total		

Check box for pool type: Yards Short Course Meters Long Course Meters

Enter your times (mm:ss.hh) for each individual event	Sprint Course 50 yards/meters each stroke and 100 IM	Middle Distance 100 yards/meters each stroke and 200 IM	Ironman 200 yards/meters each stroke and 400 IM
Butterfly			
Backstroke			
Breaststroke			
Crawlstroke			
Individual Medley			
Date Swum			

I the undersigned have participated in the Postal Pentathlon having swum the designated events in the recommended time period.

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 THESE ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.

Signature: _____ Witness Name: _____

Witness Signature: _____