



**MN Masters Icebreaker Meet
University of Minnesota
Aquatic Center
Sunday, January 31, 2010**



Schedule: Warm-ups – 9:00-9:45 Meet – 10:00 to 2:00

Meet Sanction 310-001
Meet Director Tina Neill (polarswim@aol.com)

Entry information **Please register with USMS by January 24**
\$10 fee if registered by Thursday January 28 – All preregistered athletes will receive a \$10 gift card when they check in for the meet (if you don't check in, you won't receive the card).
Register on line at www.minnesotamasters.com or
Mail registration to Brian Cohn, 413 Afton Drive, Northfield, MN 55057
Make checks payable to Minnesota LMSC
Entry fees are non-refundable.

\$20 fee after January 28. **MEET ENTRIES CLOSE AT 9:30 ON THE DAY OF THE MEET.**

Positive check in required for all events 400 yards and longer.

Relays: There will be a 5 minute break before each relay event – relay entries will be accepted through the start of the break before each relay. All relays must complete a relay entry card complete with first and last name and age of each swimmer. Each card must be completed completely with club name (all 4 members must be registered with that club), circle the distance and type of relay.

Results: Will be posted at the meet and on line at www.minnesotamasters.com within one week.

Event Number	Event	Entry Time
1	1000 Free	__:__:__
2	100 Breast	__:__:__
3	200 Fly	__:__:__
4	200 Free	__:__:__
5	50 Back	__:__:__
6	400 IM	__:__:__
7	200 Breast	__:__:__
8	400 Medley Relay	N/A
9	100 Free	__:__:__
10	50 Fly	__:__:__

Event Number	Event	Entry Time
11	50 Breast	__:__:__
12	100 IM	__:__:__
13	100 Fly	__:__:__
14	200 Free Relay	N/A
15	500 Free	__:__:__
16	100 Back	__:__:__
17	50 Free	__:__:__
18	200 IM	__:__:__
19	200 Back	__:__:__

Print Name: _____ Male Female USMS #: _____

Birthdate: ___/___/___ Age: ___ Club: _____ Phone: _____

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 right 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 by and be governed by the rules of USMS.

Please Sign: _____ **Date:** _____