



ORCA 2010 SWIM MEET

SHORT COURSE YARDS MEET. Sponsored by the Orca Swim Team Sanctioned by the Pacific Northwest Association of Masters Swimmers for USMS, Inc. Sanction #360-04

DATE: Saturday, March 13th, 2010
TIMES: Check-in & 1st Warm-up: 8:00a.m. Meet: 9:00a.m.
PLACE: HELENE MADISON POOL
CONTACTS: Mark Handel (734) 516 6907 eves & weekends
DEADLINE: Postmark by Monday, March 01, 2010.

FACILITY: An indoor facility with six (6) 25-yard competition lanes with an adjacent warm-up and warm-down area. Water temp is 84 degrees. Coin lockers available. Snacks/drinks will be available for a nominal donation.

RULES: Current USMS Rules will govern the meet. NO DIVING DURING WARM-UP EXCEPT IN DESIGNATED SPRINT LANES.

ELIGIBILITY: Open to all year 2010 USMS or MSC registered swimmers 18 and above as of 3/13/2010. Age groups based upon the swimmer's age as of 03/13/10.

DIRECTIONS (located approximately 15 minute drive from downtown Seattle)

From areas north of city limits of Seattle: Take I-5 Southbound, take N/NE 145th St. exit. Turn RIGHT on N 145th St to Meridian Ave N. Turn LEFT on Meridian Ave N. The pool is on the right at N 134th St. From all other areas: Take I-5 Northbound, take NE 130th St. exit.

ORDER OF EVENTS (PNA Order #4) (Seeding is slow to fast)

Table with 2 columns of event numbers and names. Events include 400 IM, 500 Free, 200 Women's/Men's* Free Relay, 50 Breast, 100 Fly, 200 Free, 50 Back, 100 IM, 200 Mixed Free Relay, 100 Breast, 50 fly, 100 Free, 200 Back, 200 Women's/Men's* Medley Relay, 200 Breast, 200 Fly, 50 Free, 100 Back, 200 IM, 200 Mixed Medley Relay.

Note: Relays entries done on day of meet and deck-seeded. * - The entries for Men's Relays and Women's Relays will be swum in combined heats.

DISCOUNTED OFFICIAL HOTELS in Downtown Seattle (request Orca Swim group rate) Hawthorn Inn & Suites, 2224 8th Ave, 98121 (800) 437-4867 (206) 624-6820. Free parking & breakfast. Call by 2/23/08. Confirm 24 hour cancellation policy. Paramount Hotel, 724 Pine St, 98101 (206) 292-9500. First-class hotel steps away from retail/entertainment core. Call by 2/23/02. Confirm 72-hour cancellation policy.

For more info on social events for the meet see: www.orcaswimteam.org. The ORCA SWIM TEAM is 501 (c) (3) non-profit corporation dedicated to promoting the sport of swimming and to educating the public about the value of sports in fitness and community-building.

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Name: _____ Circle if your first Master's Meet: Y
Phone: (____) _____ E-mail Address: _____
Street Address: _____
City: _____ State/Province: _____ Zip/Postal Cd: _____
M or F Age:(____ Birthdate: ____/____/____ USMS or MSC# _____
Team Abbrev: _____ Team Name: _____ LMSC: _____
USMS Club Abbrev: _____ USMS Club Name: _____ or UNATTACHED

AGE GROUPS (Determined by your age as of 3/13/2010):
18 - 24 25 - 29 30 - 34 35 - 39 40 - 44 45 - 49 50 - 54 55 - 59
60 - 64 65 - 69 70 - 74 75 - 79 80 - 84 85 - 89 90 - 94 95+

INDIVIDUAL EVENT ENTRIES - ENTRY LIMIT: 5 individual events (excluding relays)

Table with 3 columns: EVENT NUMBER, EVENT NAME, SEED TIME (Short Course Yards). Multiple empty rows for entry.

ENTRY FEE: \$20 (paper) or \$18 (on line) (includes LMSC & electronic timing surcharge) Individual Events: _____ (\$1 each; no charge for relays or if 65 and up, or if needs based) Total: _____

Please enter on line at: http://www.orcaswimteam.org!

Or Mail completed and signed Entry, Check, & copy of USMS card to: Orca Swim Meet c/o Orca Swim Team, PMB 869 - 1122 E Pike St., Seattle, WA 98122. Please make checks payable to Orca Swim Team. Amount Enclosed: _____ Non-PNA entrants must make a copy of your Year 2010 Masters registration card and mail it in with this entry form. Online registrants must present card at check-in.

WAIVER: 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 by and be governed by the rules of USMS.

SIGNED: _____ DATE: _____

Emergency Contact _____

Phone Number _____

