

**ILLINOIS MASTERS SWIM ASSOCIATION (ILMSA)
2010 SHORT COURSE STATE CHAMPIONSHIP**

REGISTRATION FORM

Please go to https://www.clubassistant.com/club/meet_information.cfm?c=1472&smid=2160 for online registration through Club Assistant. Use this form to assist you with the registration process. Online registration is preferred although team entries will be accepted. Please follow the directions below.

Name:	Birth Date: / / Age: Sex: M / F
Address:	Home Phone:
City: State: Zip:	Team or Club Affiliation:
2008 USMS Number:	Email Address:
Emergency Contact Name:	Emergency Contact Phone:
T-shirt size: S M L XL XXL (circle one)	1000 Free Session Preference (rank in order of preference) 1 pm _____ 4 pm _____ 6 pm _____ (1 st choice, 2 nd choice, and 3 rd choice)

- Circle your Event Number (F-Female, M-Male)
- Record your Entry Time (NT or "No Time" is not allowed)

Friday, April 23, 2010

F	Event	Entry Time	M
1	1000 Freestyle	____:____.____	2
(see above to select your Session preference)			

Saturday, April 24, 2008

F	Event	Entry Time	M
3	100 IM	____:____.____	4
5	200 Backstroke	____:____.____	6
7	50 Freestyle	____:____.____	8
9	100 Butterfly	____:____.____	10
11/12	200 Mixed MR	xxxxxxx	11/12
13	200 Freestyle	____:____.____	14
15	50 Backstroke	____:____.____	16
17	100 Breaststroke	____:____.____	18
19	200 Free Relay	xxxxxxx	20
21	400 IM	____:____.____	22

Sunday, April 25, 2008

F	Event	Entry Time	M
23	500 Freestyle	____:____.____	24
25	200 Butterfly	____:____.____	26
27	50 Breaststroke	____:____.____	28
29	100 Backstroke	____:____.____	30
31	200 IM	____:____.____	32
33/34	200 Mixed FR	xxxxxxx	33/34
35	200 Breaststroke	____:____.____	36
37	50 Butterfly	____:____.____	38
39	100 Freestyle	____:____.____	40
41	200 Med R	xxxxxxx	42

Total Event Charges

# of Events	_____ X \$ 4 = \$
Meet Surcharge	_____ + \$20.00
Results \$10 (Mailed)	_____ \$
Total Amount Enclosed	_____ \$

Team entries can be submitted using HyTek software and should be emailed to schultzfest@juno.com
Make checks payable to DCST
Mail Team registration and check to Danielle Schultz
c/o Kishwaukee YMCA, POB 466, DeKalb, IL 60115

"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 of 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, AND ANY INDIVIDUAL OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS."