

# Woodhaven High School Presents 2009 Masters 3<sup>rd</sup> Annual “Autumn Aqua Challenge”

- Date:** **Sunday, November 22, 2009**  
Sanctioned by Michigan Masters for USMS, Inc.  
Sanction # 199-0012S
- Location:** Woodhaven High School, 24787 Van Horn Road, Brownstown, MI 48134  
  
Woodhaven High School is approximately 20 minutes south of Detroit. We are also in close proximity to Ann Arbor, Monroe, & Toledo.
- Facility:** Woodhaven High School has a 6-lane 25 yd. pool. Lane 1 will be a continuous warm-up/cool down lane during the meet. Parking will be on the east side of the building. Lockers will be available. Please provide your own lock, as we cannot be responsible for any lost or stolen items.
- Eligibility:** Participants must be registered with USMS. Each swimmer is responsible for his/her USMS card and will be required to show it upon request by officials. To enter the meet, a copy of the swimmer's current USMS registration card **MUST** accompany the entry form. Registration materials are available at <http://registration.usms.org>.
- Times:** Warm-Up: 8:00 A.M. Meet Starts at 9:00
- Entry Fee:** \$20 per person if received before November 19<sup>th</sup>. Day of registration will cost \$25. We will stop accepting deck entries at 8:15 a.m. Proceeds will go to support the high school boys and girls swim programs. Make checks payable to **Woodhaven High School**. Swimmers may enter a maximum of (4) events and (2) relays. A light meal will be provided after the meet.

Using the entry form, mail entries, a photocopy of membership card, and fees to:

Sean Kelly  
17501 Ray St.  
Riverview, MI 48193

Phone: (734) 776-8042

E-Mail: [whsswimming2003@yahoo.com](mailto:whsswimming2003@yahoo.com)



Woodhaven High School  
 3<sup>rd</sup> Annual Autumn Aqua Challenge  
 Masters Swim Meet  
 November 22, 2009  
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Name \_\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_ Birth date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 USMS # \_\_\_\_\_

***Mailed entries must be received by November 19<sup>th</sup>.***

| Event # | Event               | Seed Time |
|---------|---------------------|-----------|
| 1       | 400 Medley Relay    |           |
| 2       | 100 IM              |           |
| 3       | 200 Free            |           |
| 4       | 50 Fly              |           |
| 5       | 100 Breast          |           |
| 6       | 200 Back            |           |
| 7       | 50 Free             |           |
| 8       | 200 IM              |           |
|         | <b>Intermission</b> |           |
| 9       | 500 Free            |           |
| 10      | 100 Fly             |           |
| 11      | 200 Breast          |           |
| 12      | 50 Back             |           |
| 13      | 100 Free            |           |
| 14      | 200 Fly             |           |
| 15      | 50 Breast           |           |
| 16      | 100 Back            |           |
| 17      | 400 IM              |           |
| 18      | 400 Free Relay      |           |
| 19      | 1000 Free           |           |

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. (Rulebook article 203.1)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Emergency Contact (a person who is available during the meet)  
 Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_