

22nd annual Valentine's Weekend Swim Meet

Presented by the Ford Athletic Swim & Triathlon club



What: 1st Short Course Meters (SCM) meet of the season!

Date: Sunday, February 8, 2009

Location: Brighton High School, Brighton, MI

Entries: \$20 if postmarked by Feb. 2 or \$30 after Feb. 2

All relays will be deck entered. Swimmers may swim a maximum of 4 individual events and 2 relays. Only pre-entries will be accepted for the 1500m and 400m freestyle. Relay cards are due 30 minutes prior to each relay event. You must be entered in the meet to swim on a relay team.

Mail entry form and photocopy of current USMS card to Karen Rosinski.

Make checks payable to **FAST**.

FINA rules apply to SCM meets. Your age on 12/31/2009 determines your age group.

Contact: Karen Rosinski

E-mail: FASTswimmeet@yahoo.com

Schedule:

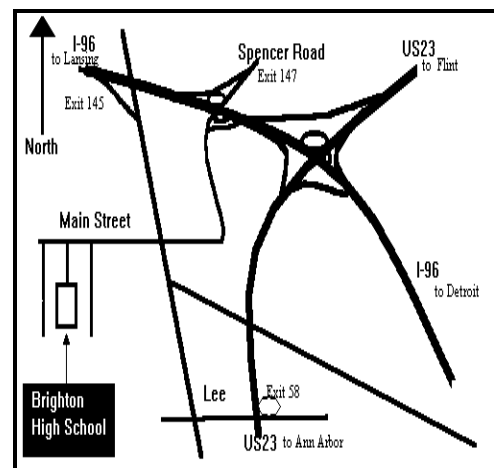
Session I	Check-in and warm up 8:30-9:00 am 1500m starts at 9:00 am and will consist of the first 12 entries received; depending on demand, we may run another heat 8-8:30 am
*****	<u>Deck registration closes 9:15 am - no exceptions</u>
Session II	Warmup 10:00-10:15; Warmup/warmdown area available at all times Event #2 (200m Medley Relay) begins 10:15 am

Eligibility: Only **current USMS** members will be allowed to compete. **USMS registrations will not be offered at the door.** See Michigan Masters website for registration information.

Meet Snacks: Provided by FAST and are included in your entry fee.

Directions: Brighton High School is on Sage Street. Sage is off Main Street past 7th, about one mile west of Grand River.

- **From Lansing:** I-96 south to Grand River (Exit 145); Grand River south to Main Street; turn right onto Main Street.
- **From Ann Arbor:** US-23 north to Lee Road (Exit 58); Lee Road west to Rickett Road; turn right and merge onto Grand River north; Grand River to Main Street; turn left.
- **From Flint:** US-23 south to I-96 west, then follow Detroit directions below.
- **From Detroit:** I-96 west to Spencer Road (Exit 147); turn right onto Spencer Road, traveling west, wind around numerous curves and go past Grand River; Spencer Road turns into Main Street.



USMS Masters Swimming Meet Sanction #19-004S
 Hosted by FAST at Brighton HS, Sunday, February 8, 2009

Name:	Email:
Street Address:	
City/State/Zip	Date of Birth:
Phone: ()	Sex: USMS#:

Event #	Event	Enter Seed Time (Yards/Meters)
Session I	<i>Warm up 8:30-9:00 am</i>	*****
1	1500m Freestyle No deck entries/ 1 st 12 entries received	circle (yd/m)
*****	Deck registration closes 9:15 am	*****
Session II	<i>Warmup 10:00-10:15 am</i>	*****
2	200m Medley Relay	Relays deck entered
3	200m Breaststroke	circle(yd/m)
4	200m Freestyle	circle(yd/m)
5	100m Backstroke	circle(yd/m)
6	50m Butterfly	circle(yd/m)
7	100m IM	circle(yd/m)
8	100m Breaststroke	circle(yd/m)
9	50m Freestyle	circle(yd/m)
10	200m Butterfly	circle(yd/m)
*****	Intermission - 10 minute warmup	*****
11	200m Freestyle Relay	Relays deck entered
12	200m IM	circle(yd/m)
13	200m Backstroke	circle(yd/m)
14	100m Freestyle	circle(yd/m)
15	50m Breaststroke	circle(yd/m)
16	100m Butterfly	circle(yd/m)
17	50m Backstroke	circle(yd/m)
18	400m Freestyle	circle(yd/m)

ATHLETE'S RELEASE: 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/death, and agree to assume all those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM/ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS/DAMAGES, INCLUDING ALL CLAIMS FOR LOSS/DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE/PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES /ANY INDIVIDUAL OFFICIATING AT THE MEETS/SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.

Signature: _____ Date: _____

_____ Emergency contact (name and phone #):

Make Checks Payable to **FAST**
 Mail to: Karen Rosinski
 6341 Hubbard
 Garden City, MI 48135

