



2005 POSTAL PENTATHLON SWIM MEET



Sponsors: Minnesota Masters Swim Club and Minnesota LMSC.

Eligibility: Open to all registered masters swimmers for the 2005 or 2006 season.

Conduct of Meet: Participant swims the 5 events in a specific course (Sprint, Middle Distance, or Ironman - **no mixed courses**), preferably in a 25 yard pool, Butterfly, Backstroke, Breaststroke, Crawlstroke, and Individual Medley. All results will be based on a 25 yard course, swims performed in meter pools must indicate that their entries are from a meter pool so their times are converted to a yard equivalent. The meet results will compare each event of the pentathlon amongst the participants. It is recommended that the pentathlon legs be swum in the order Butterfly, Backstroke, Breaststroke, Crawlstroke, and then Individual Medley. The events must be swum during the same day and it is recommended that all 5 events be swum in a 2 to 3 hour period. Participants may swim the Sprint, Middle Distance, or Ironman courses. If you desire to swim more than one course you should swim each course on a separate day. **All times must be recorded to the 1/100th of a second. Times not reporting tenths or hundredths will have 9's inserted for the missing digits.** The pentathlon must be swum from September 1, 2005 to December 15, 2005 and the entries must be postmarked by December 24, 2005, include a copy of your USMS registration card or foreign equivalent. **Incomplete entries will be returned and assessed a \$3.00 (US funds) administration fee. All fees are nonrefundable.** Sanctioned by Minnesota LMSC for USMS, Inc. 305-011

Age Groups: 18-24, 25-29, ... , 95-99, 100+. **Age will be determined by the swimmers' age on December 15, 2005.**

Awards: Winners of each age group will receive a special award. All participants may purchase a participation T-shirt for \$12.00 (US funds), XXL shirts \$15.00(US). Certificates of completion are available for \$3.00(US) per course.

Entry Fee: \$10.00(US) per course. Make checks payable in US funds to: **Postal Pentathlon.** All fees nonrefundable.

Send entries to:	2005 Postal Pentathlon	Questions: Sarah Hromada	Phone-Day: (612)
	c/o Sarah Hromada	866-1990	
	P.O. Box		Evenings: (952) 941-5557
24602			Fax: (612) 866-9517
	Edina MN	E-Mail: PostalPentathlon@usms.org	
55424 USA			

PLEASE INDICATE SHIRT SIZE WHEN ORDERING A PARTICIPATION SHIRT.

Name: _____ USMS or foreign registration #: _____

Address: _____ Swim Club: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Sex: M F Phone Days: _____ Evenings: _____

Shirt Size: **S M L XL XXL** Shirt Type: **Sprint Middle Distance Ironman** Birth Date : ___/___/___

Entry Fee: \$ _____ Shirt: \$ _____ Certificate: \$ _____ Total Fees: \$ _____ MON /DAY /YEAR

Enter your times for each individual event. Circle pool type: **Yards / Meters.**

Sprint course	50 Yards/Meters each stroke and 100 IM				Date Swum ___/___/___
Fly _____	Back _____	Breast _____	Crawl _____	IM _____	
Middle distance	100 Yards/Meters each stroke and 200 IM				Date Swum ___/___/___
Fly _____	Back _____	Breast _____	Crawl _____	IM _____	
Ironman course	200 Yards/Meters each stroke and 400 IM				Date Swum ___/___/___
Fly _____	Back _____	Breast _____	Crawl _____	IM _____	

I the undersigned have participated in the Postal Pentathlon having swum the designated events in the recommended time period.

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 THESE ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.

Signature: _____ Witness: _____

IRONMAN

200 FLY, BACK, BREAST, CRAWL, 400 I.M.

SPRINT
50 FLY, BACK, BREAST, CRAWL, 100 I.M.

MIDDLE DISTANCE
100 FLY, BACK, BREAST, CRAWL, 200 I.M.