

GIL YOUNG MEMORIAL LCM MEET / NORTHWEST ZONE LONG COURSE METERS MEET

Sanctioned by Oregon Masters Swimming, Inc. for USMS, Inc. • Sanction #379-06

Eligibility: Currently registered USMS swimmers, 18 years and older.

Swimmers must submit a copy of their 2009 card and unregistered swimmers must submit a 2009 registration form and fee with this entry.

Location: Mt. Hood Community College
Outdoor pool
26000 SE Stark
Gresham, Oregon
7 lanes competition, elec. timing, Lane 8 for warm-up/down

DATES: Friday-Sunday, July 10-12, 2009

**FRIDAY WARM-UPS: 4PM
MEET STARTS: 5PM
SATURDAY AND SUNDAY WARM-UPS: 3PM
MEET STARTS: 4PM**

Meet Director: Aubree Gustafson • 971-404-6968 • gustafsona@usa.redcross.org

Directions to the pool: Take I-84. Use Exit 17. Follow Frontage Road to 257th and take a right. Follow 257th past Stark St. to 17th St. and take a left. Take the first left after the soccer field and left again into the aquatic center parking lot.

ALL REGISTERED MASTERS SWIMMERS MUST SUBMIT A PHOTOCOPY OF THEIR CURRENT USMS REGISTRATION CARD WITH THIS ENTRY.

ENTRY DEADLINE: POSTMARKED BY FRIDAY, JUNE 19, 2009



FILL IN LOWER PORTION COMPLETELY

RETURN LOWER PORTION

FILL IN LOWER PORTION COMPLETELY

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

E-MAIL _____

BIRTHDATE _____ AGE (AS OF 12-31-09) _____ SEX _____

2009 USMS # _____

USMS CLUB (OREG, PNA, ETC) _____

IS THIS YOUR FIRST MASTERS MEET? YES NO

AGE GROUPS: 18-24, 25-29, 30-34, ETC. UP TO 95+. RELAY AGES: 72-99, 100-119, 120-159, 160-199, 200-239, 240-279, 280-319, & 320-359. YOU MAY ENTER A MAXIMUM OF 6 INDIVIDUAL EVENTS WITH NO MORE THAN 5 PER DAY PLUS UNLIMITED RELAYS. YOUR COMPETITION AGE IS THE AGE YOU WILL BE ON DEC. 31ST, 2009. ENTER RELAYS AT THE MEET. THE 1500 FREESTYLE & 400 IM WILL BE DECK SEED. CHECK IN WILL OPEN ONE HOUR BEFORE AND WILL CLOSE 30 MINUTES BEFORE EACH OF THESE EVENTS IS TO BE SWUM. ALL EVENTS WILL BE SEED. SLOW TO FAST.

Friday, July 10, 2009

400 IM (1) _____ : _____ . _____

1500 FREE (2) _____ : _____ . _____

Saturday, July 11, 2009

800 FREE (3) _____ : _____ . _____

break (event #4 will not begin before 5pm)

200 BACK (4) _____ : _____ . _____

50 FREE (5) _____ : _____ . _____

100 BREAST (6) _____ : _____ . _____

break

WOMENS 200 MEDLEY RELAY (7)

MENS 200 MEDLEY RELAY (8)

WOMENS 400 MEDLEY RELAY (9)

MENS 400 MEDLEY RELAY (10)

50 FLY (11) _____ : _____ . _____

200 FREE (12) _____ : _____ . _____

break

100 BACK (13) _____ : _____ . _____

200 IM (14) _____ : _____ . _____

MIXED 200 FREE RELAY (15)

MIXED 400 FREE RELAY (16)

MIXED 800 FREE RELAY (17)

Sunday, July 12, 2009

200 FLY (18) _____ : _____ . _____

50 BREAST (19) _____ : _____ . _____

100 FREE (20) _____ : _____ . _____

break

MIXED 200 MEDLEY RELAY (21)

MIXED 400 MEDLEY RELAY (22)

100 FLY (23) _____ : _____ . _____

50 BACK (24) _____ : _____ . _____

200 BREAST (25) _____ : _____ . _____

break

WOMENS 200 FREE RELAY (26)

MENS 200 FREE RELAY (27)

WOMENS 400 FREE RELAY (28)

MENS 400 FREE RELAY (29)

WOMENS 800 FREE RELAY (30)

MENS 800 FREE RELAY (31)

400 FREE (32) _____ : _____ . _____

Please join us for the NW Zone Board Meeting
on Sunday July 12th, 2009 at 2:00pm.

"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 & competition), including possible permanent disability or death, and agree to assume all 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, HOSTS 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."

SIGNATURE _____ DATE _____

MEET ENTRY FEE: \$10.00 SURCHARGE AND \$4.00 PER EVENT • MAKE CHECKS PAYABLE TO OREGON MASTERS SWIMMING.

MAIL FORM(S) AND FEE(S) TO: OMS DATA MANAGER, PO BOX 1072, CAMAS, WA 98607-1072