

**SUBWAY COMMONWEALTH GAMES OF VIRGINIA
LONG COURSE STATE SWIM MEET FOR 18 AND UP**

Recognized by LMSC for VIRGINIA for USMS, INC., Recognition No. 124-R001

DATE: Saturday, June 21, 2014

LOCATION: Christiansburg Aquatic Center, 595 North Franklin Street, Christiansburg, VA

FACILITY: 8 Lane, 50 Meter Pool, non-turbulent lane markers. Six lanes will be used for competition; two lanes will be available for continuous warm-ups and cool-downs. **Pool has been measured and certified for USMS records and Top Ten.**

SPONSORED BY: Virginia Amateur Sports, Inc. and Virginia Masters Swim Team

MEET DIRECTORS: Howard Butts (lvswimn@comcast.net) and John Pero (jdpero@cox.net)

MEET REFEREE: Susan Munson

ELIGIBILITY: This is a USMS recognized meet for purposes of USMS Records and Top Ten times by USMS swimmers. Standard USMS age groups will be used (18-24, 25-29, 30-34, 35-39, etc). For meets held in 50 meter pools, your age as of December 31, 2014 is considered your swimming age for the meet. All USMS swimmers **must** include a copy of your registration card with your entry or submit it at the meet for times to be submitted for USMS Records and Top Ten consideration.

ORDER OF EVENTS: Warm-ups: 8:30 am to 9:30 am. Meet starts at 10:00 am. Swimmers will be able to enter the facility by 8:00 am.

Evt #	Event	Evt #	Event
1	800 meter freestyle	12	50 meter butterfly
2	200 meter medley relays (women/men/mixed)*	13	200 meter breaststroke
3	400 meter free relays (women/men/mixed)*	14	100 meter backstroke
4	50 meter breaststroke	15	400 meter freestyle
5	200 meter individual medley	16	400 meter medley relays (women/men/mixed)*
6	200 meter backstroke	17	200 meter butterfly
7	50 meter freestyle	18	50 meter backstroke
8	100 meter butterfly	19	100 meter freestyle
9	100 meter breaststroke	20	200 meter free relays (women/men/mixed)*
10	400 meter individual medley	21	1500 meter freestyle
11	200 meter freestyle	22	800 meter free relays (women/men/mixed)*

*Relays: There will be one heat of each relay; Women, Men and Mixed relays will be swum in the same heat. All relays will be deck entered.

ENTRIES: \$13.00 per event; \$10.00 surcharge to help defray cost of equipment rentals, mailing, medals, etc. Relays will cost \$15.00 per each relay entered. Relays will be deck entered and deck seeded. Swimmers may enter up to five (5) individual events plus relays. If entering 5 events please mail in registration & payment in order to receive a \$15 discount (after mail in fee)! *With the discount 5 events is \$45 – discount NOT available through online registration.* **There will be an additional \$5.00 fee for all mail-in registrations.**

ENTRY DEADLINES: **ENTRIES ARE DUE BY JUNE 13, 2014.** Be sure to sign the liability waiver. If you are a registered USMS swimmer, you must provide a copy of your 2013 USMS card. Paper entries should be mailed to the address at the bottom of this page. **Online entries are available at www.Commonwealthgames.org.**

RULES: Current USMS rules on Masters swimming will apply. No one will swim alone in a heat. Swimmers will be seeded according to times; heats will run slowest to fastest. Men and women will swim together. Swimmers will be expected to cooperate with the safety marshal who will monitor warm-ups. No diving during warm-ups except in designated lanes.

AWARDS: Medals will be awarded for 1st through 3rd places in each event in each age group and also for relays.

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NAME: _____ **DATE OF BIRTH:** _____ **SEX:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

AGE (12/31/2014): _____ **PHONE:** _____ **E-MAIL:** _____

USMS#: _____ **USMS TEAM:** _____

(Attach copy of your registration card if you are a registered USMS swimmer. If you are not a registered USMS swimmer, you do not have to complete the USMS number and team information.)

All participants must sign the following liability waiver:

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, 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.

Swimmer's Signature: _____ *Date:* _____

Please enter seed times for meters. If you do not have any times for meters, add 10% to your yard times. Relays may be entered on the day of the meet. Relay forms will be available at check-in.

Evt #	Seed Time	Event	Evt #	Seed Time	Event
1		800 meter freestyle	12		50 meter butterfly
2		200 meter medley relays (womens/men/mixed)*	13		200 meter breaststroke
3		400 meter free relays (womens/men/mixed)*	14		100 meter backstroke
4		50 meter breaststroke	15		400 meter freestyle
5		200 meter individual medley	16		400 meter medley relays (w/m/mxd)*
6		200 meter backstroke	17		200 meter butterfly
7		50 meter freestyle	18		50 meter backstroke
8		100 meter butterfly	19		100 meter freestyle
9		100 meter breaststroke	20		200 meter free relays (w/m/mxd)*
10		400 meter individual medley	21		1500 meter freestyle
11		200 meter freestyle	22		800 meter free relays (w/m/mxd)*

Number of Events _____ x \$13.00= _____

\$10.00 surcharge per entry _____ \$10.00

\$15.00 relay fee per relay: _____ x \$15.00= _____

Total amount included: _____

MAKE CHECKS PAYABLE TO:
VIRGINIA AMATEUR SPORTS, INC.
711-C 5th Street, NE
Roanoke, VA 24016

Please Make sure to sign the additional waiver on the next page!

Additional Release and Waiver of Liability

I am aware that during my participation and attendance at the Subway Commonwealth Games of Virginia ("Games") and related services and activities, Virginia Amateur Sports, Inc and its agents, employees and associates ("Sponsor") will be providing various facilities and arrangements for the Games, and that certain risks and dangers may arise, including but not limited to hazards inherent in the sport (s) in which I will be training, preparing or competing; negligent or other careless acts and omissions by other participants, spectators and the Sponsor; and hazards or dangerous conditions of the facilities and grounds used as a part of the Games.

In consideration of the acceptance of my entry by the Sponsor and the right granted to me to participate in and attend the Games and related activities, I do hereby assume all the above risk, and agree that, in the event of an injury to me as a result of an accident which occur during my involvement and participation of the Games, my recovery against the Sponsor, shall be limited to a claim for medical expenses incurred as a result of the injury, and only to the extent that such medical expenses are not otherwise covered or paid by my insurance coverage, medical or otherwise. Furthermore, for this consideration, I agree to present my claim for the personal injury to the Sponsor within six (6) months from the date of injury; if I fail to do so, I agree that I will have waived any and all right I have to recover against the Sponsor for said injury.

Additionally, in consideration and acceptance of my entry by the Sponsor and the right to participate in and attend the Games and related activities, I consent to receive any and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the Sponsor or its agents. I also grant Virginia Amateur Sports, Inc. permission to use likeness, voice, and words in television, radio, film, or in any form to promote activities of the Subway Commonwealth Games of Virginia. I also understand that there will be no refunds.

Participants Signature _____

(Following portion pertains only to parent or guardian of a participant who is 17 years of age or younger)

I have read and consent to the above limitations on recovery and agree on my and my child's behalf that any recovery against the Sponsor for injury arising as a result of an accident which occur during my child's involvement and participation in the Games, should said injury occur due to the negligence of the Sponsor, shall be limited to a claim for medical expenses incurred as a result of said injury, and only to the extent that such medical expenses are not otherwise covered or paid by my child's insurance coverage, medical or otherwise. Furthermore, for this consideration, I agree to present any claim for personal injury to my child to the Sponsor within six (6) months from the date of injury; if I or my child fail to do so, I agree that I will have waived any and all right I have to recover against the Sponsor for said injury.

Additionally, in consideration and acceptance of my child's entry by the Sponsor and the right to participate in and attend the Games and related activities, I consent that my child receive and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the Sponsor or its agents. I also grant Virginia Amateur Sports. Permission to use my child's likened, voice, and words in television, radio, film, or in any form to promote activities of the Subway Commonwealth Games of Virginia. I also understand that there will be no refunds.

Parents/Guardian Signature (If participant is 17 years of age or younger
