

Age Group Open Water Championships

Saturday July 103, 2004

Along with the annual Fran Schnarr 5k Metropolitan Swimming Open Water Championship we will have three Age Group events:

| Girls | Event | Boys |
|--------------|--------------------|-------------|
| 1 | 10-Under 1,000 yds | 2 |
| 3 | 11-12 2,000 yds | 4 |
| 5 | 13-14 3,000 yds | 6 |

These events will be swum between two piers, along the beach.

Depending on the number of entries, the events will be combined OR separated.

Awards: will be presented by age and sex, Championship Medals for 1st thru 3rd.

Fee: \$10.00 per swimmer.

Entries: *in hand* by July 3, 2004.

Three or more swimmers from one team, submit team entry form.

Note: **Each Swimmer** must submit a complete *Individual* entry form, with parental signature, a Coach's signature is **not** sufficient.

Limit: in the interest of safety, there will be a limit of **75** swimmers in each of the Age Group events. Any cuts will be by date received.

Check-in: no later than 7:30 AM

Facility: open at 6:45 AM.

First Race: starts at 8:20 AM

Bathing Caps: will be supplied and *required to be worn*. This is for safety.

Parking: is extremely limited. There will be free parking at Huntington Town Hall with free shuttle buses to the club. If a team comes in a van with *at least* eight (8) swimmers aboard, it will be permitted to drive to the Bay Club.

Race Director: Bea Hartigan (631) 271-3349

Mail entries to: Bea Hartigan
27 Huntington Road
Huntington, NY 11743

Enclose check payable to: "Metropolitan Swimming, Inc."

Age Group Entry Form/Waiver

[Please print carefully]

| | |
|------------|--|
| Name | Reg.# |
| Address | Team Sex Age |
| Town | Phone |
| State, zip | e-mail |

Entering Event # _____

WAIVER AND RELEASE AGREEMENT (USA SWIM)

In signing this entry form, I affirm I have read the entry material, am in good physical condition as verified by a medical doctor and agree to abide by the conditions set forth in the entry material and USA Swimming Rules. I verify that I am an amateur athlete *registered* with USA Swimming and that in consideration of your accepting this entry, I, intending to be legally bound, do hereby for myself, heirs, executors and administrators, release and forever discharge any and all rights and claims which I or any of us may hereafter have against USA Swimming, Metropolitan Swimming, The Town of Huntington, the Head of the Bay Club, Sponsors or their respective officers, agents, representatives, successors and/or assigns for any and all damages which may be sustained or suffered by me in connection with this meet, whether traveling to, participating in or traveling from said meet.

Participant's signature

Date

If under 18, Parent or Guardian Sig.

Date

MEDICAL RELEASE

Additionally, if the applicant is under the age of majority in his/her home state, the following must be executed by the parent/guardian thereof:

This is to certify that as of _____ (date) I (print) _____, the **parent - guardian** (circle one) of _____, participating in this competition, give my consent to Metropolitan Swimming and its safety representatives to obtain medical care from any licensed medical physician, clinic or emergency medical service for the above named athlete for illness or injury that could arise from activities in this competition.

Parent/Guardian Signature

Relationship

Note: Each individual under the age of 18 *must* have a parent/guardian sign in *both* places.

**Metropolitan Open Water ~ Team Entry Form
Female**

Team Name-

Team code -

Coach -

Address -

Contact Name/Phone

| Name | Age | Registration # | Event # (check Box)⇒ | 1. | 3. | 5. |
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Did You: ___ enclose payment? ___ Print carefully? ___ Attach swimmers' forms?

Mail to: Bea Hartigan, 27 Huntington Rd., Huntington, NY 11743-1702

Payable to: Metropolitan Swimming, Inc.

**Metropolitan Open Water ~ Team Entry Form
Male**

Team Name-

Team code -

Coach -

Address -

Contact Name/Phone

| Name | Age | Registration # | Event # (check Box)⇒ | 2. | 4. | 6. |
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