



MASTERS SWIM MEET 2018

INDIVIDUAL ENTRY FORM

Friday 12th and Saturday 13th January 2018 at The Pools, James Street, Carlisle CA2 5AZ

Male	Female
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Name:													
Address:													
Town/City:							Post Code						
Club:													
Date of Birth:							ASA Number						
E-Mail Address:													
Confirmation of entry will be sent to the above email address							Please indicate your appropriate age category						
16-17	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+

Please submit an entry time for each event you wish to enter

Freestyle		Backstroke		Breaststroke		Butterfly		Ind. Medley	
Distance	Time	Distance	Time	Distance	Time	Distance	Time	Distance	Time
50m		50m		50m		50m		100m	
100m		100m		100m		100m		200m	
200m		200m		200m		200m		400m	
800m									

IMPORTANT - Please read this document carefully before signing.

1. I am aware of the need to seek appropriate medical advice if I have any concerns as to the state of my health. I have not been informed by any medical practitioner and I do not have any knowledge of any medical condition which would make it inadvisable for me to participate in Masters Swimming events or any other associated activities.
2. Accordingly I hereby certify that I am physically fit and well to participate in any such training and events.
3. I am aware of and appreciate the inherent risks involved in such training and competition including the possibilities of injury and accident. I undertake always to conduct myself in a responsible and professional manner.
4. I undertake at all times to use my best endeavours to train and compete in a safe and proper manner and not to do anything which would expose myself or fellow swimmers to unnecessary risk of injury.
5. I further undertake at all times to take all reasonable safety measures for the protection of myself and fellow swimmers and to inform the Referee of any concerns I may have as regards safety.
6. I acknowledge that Carlisle Aquatics, cannot be held responsible for any loss or damage to personal belongings and that I must take all reasonable steps against any such loss or damage.
7. I hereby agree to abide by and be governed by the rules of the Amateur Swimming Association and all other laws

I have read and understand the above provisions and agree to abide by them.

Signature of Competitor

Date

Payment

I enclose the following fees:

Event	Cost	Quantity	
800m Freestyle	£7		
400m Individual Medley	£7		
50m, 100m and 200m Events	£5 per event (Max cost payable £30)	X £5 (Max £30)	
		Total	=====

I am interested in attending an after gala meal Number of people attending

Payment of fees should be made by cheque payable to 'Carlisle Aquatics'

All Entry Forms accompanied by the relevant Entry Fees should be forwarded to:

Carlisle Aquatics Masters Swim Meet, 77 Currock Road, Carlisle, Cumbria CA2 4BH