

# Hood River Short Course Meters Meet

Sanctioned by Oregon Masters Swimming, Inc. for USMS, Inc. • Sanction #370-05

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

Unregistered swimmers must submit a 2010 registration form and fee with this form.

Hosted by: Columbia Gorge Masters &  
Hood River Valley Swim Team  
Hood River Aquatic Center  
1601 May Street  
Hood River, Oregon

6-8 lanes competition-electronic timing  
Separate warm-up/down area

DATE: Sunday, May 16, 2010

**WARM-UPS: 8AM • MEET STARTS: 9AM**

Meet director: Sandi Rousseau, 503-806-7020, swim@gorge.net

Directions to the pool: Eastbound: Take I-84 to Exit#62 (first Hood River Exit), turn right onto Cascade and go toward town for 1.2 miles to the first stoplight. Turn right on 13th, go up the hill and turn right on May St (just past the hospital on the left). Pool will be on your left just past the park. Westbound: Take I-84 to Exit #63 (second Hood River Exit), turn left and go into town. Go through the blinking red light and go one block to State Street. Turn right and go .6 mile to 13th Street. Turn left, proceed up the hill and turn right on May Street (just past hospital). Pool will be on your left just past the park.

**ALL ENTRANTS MUST SUBMIT A PHOTOCOPY OF THEIR CURRENT USMS REGISTRATION CARD WITH THIS ENTRY.**

HOST (HOUSE OUR SWIMMERS TONIGHT): CONTACT SANDI ROUSSEAU 541-354-2580 OR E-MAIL SWIM@GORGE.NET

**ENTRY DEADLINE: POSTMARK NO LATER THAN FRIDAY APRIL 30, 2010**



FILL IN LOWER PORTION COMPLETELY

RETURN LOWER PORTION

FILL IN LOWER PORTION COMPLETELY



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

2010 USMS # \_\_\_\_\_

USMS CLUB (OREG, SWMS, PNA, ETC) \_\_\_\_\_

AGE GROUPS: 18-24, 25-29, 30-34, ETC. UP TO 100+. RELAY AGE GROUPS:72-99, 100-119, 120-159, 160-199, 200-239, 240-279, 280-319 AND 320-359 ETC. YOUR COMPETITION AGE IS THE AGE YOU WILL BE AS OF DEC 31, 2010. **YOU MAY ENTER A MAXIMUM OF 5 INDIVIDUAL EVENTS, PLUS UNLIMITED RELAYS.** ENTER RELAYS AT THE MEET. IN EACH RELAY EVENT, RELAY TEAMS MAY SWIM DISTANCES OF 200M, 400M OR 800M (800M FOR FREE RELAYS ONLY). THE 400 & 800 FREESTYLE & 400 IM WILL BE DECK SEEDED. *CHECK IN FOR THESE EVENTS AND FOR THE RELAYS WILL CLOSE 30 MIN. BEFORE EVENT IS TO BE SWUM.* ALL EVENTS WILL BE SEEDED SLOW TO FAST.

## Sunday, May 16, 2010

**400 FREE** (1) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

**50 BACK** (2) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

**200 BREAST** (3) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

**100 FREE** (4) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

\*\*\*break\*\*\*

### **MIXED MEDLEY RELAYS (5-6)**

**400 IM** (7) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

**50 BREAST** (8) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

**200 BACK** (9) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

**100 FLY** (10) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

\*\*\*break\*\*\*

### **FREE RELAYS (11-16)**

**200 IM** (17) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

**50 FREE** (18) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

**200 FLY** (19) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

**100 BACK** (20) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

\*\*\*break\*\*\*

### **MIXED FREE RELAYS (21-23)**

**50 FLY** (24) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

**200 FREE** (25) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

**100 BREAST** (26) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

**100 IM** (27) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

### **MEDLEY RELAYS (28-31)**

\*\*\*break\*\*\*

**800 FREE** (32) \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

"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 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."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MEET ENTRY FEE: \$18.00 • MAKE CHECKS PAYABLE TO OREGON MASTERS SWIMMING.**  
**SEND FORM(S) AND FEE(S) TO: OMS DATA MANAGER, PO BOX 1072, CAMAS, WA 98607-1072**