Name:			Sex	
Age on 12/31/01Date of Birt		h		
Phone: Ema	il:			
Address:	·····			
2001 USMS #:Club:				
Note: If you are not a NEM Member	you must attach a cop	oy of your U	JSMS card to this entry form	
	2001 New England Saturday	Masters I August 4,	<u> </u>	
Event Se	eed Time	Event		Seed Time
. 400 Freestyle	Journal of The Control of the Contro	10.	100 Breaststroke	Seed Time
. 400 Medley Relay	 N/T	11.	200 Freestyle	
. 200 Individual Medley		12.	50 Backstroke	
100 Backstroke		13.	100 Butterfly	
50 Butterfly		14.	50 Breaststroke	
200 Breaststroke		15.	50 Freestyle	
100 Freestyle		16.	400 Free Relay	N/T
200 Butterfly		17.	400 Individual Medley	
200 Backstroke			·	
Meet Entry Fee		=	\$10.00	
Noof Individual Event	s X \$3 (Max of 5)	=	\$	
Total of Above (payable to NEMSC)			\$	
Entries must be received by Ju	ıly 25, 2001 or pos	stmarked l	oy July 20, 2001	
125 Cambrid	, c/o Meta Softward dge Park Drive, Ca 03 phone, 617-661	ambridge,		
RELEASE I "I, the undersigned participant, intendir informed by a physician. I acknowledge including possible permanent disability PARTICIPATION IN THE MASTERS WAIVE ANY AND ALL RIGHTS TO DAMAGES CAUSED BY THE NEGL SWIMMING, INC., THE LOCAL MA SPONSORS, MEET COMMITTEES, C ACTIVITIES. In addition, I agree to abi	ng to be legally bound, I that I am aware of all to or death, and agree to a SWIMMING PROGRA CLAIMS FOR LOSS C IGENCY, ACTIVE OR STERS SWIMMING C OR ANY INDIVIDUAL	hereby certi: the risks inh assume all c AM OR AN OR DAMAC R PASSIVE, COMMITTE LS OFFICIA	erent in Masters Swimming (training of those risks. AS A CONDITION OF Y ACTIVITIES INCIDENT THERETES, INCLUDING ALL CLAIMS FOOF THE FOLLOWING: UNITED STEES, THE CLUBS, HOST FACILITIES TING AT THE MEETS OR SUPERVIOLE IN THE MEETS OR SUPER	and competition), MY TO, I HEREBY R LOSS OR FATES MASTERS S, MEET
Signature:	,	Dat		
~-5-100010.		Dat		