

2003 CAROL CHIDESTER MEMORIAL SWIM SERIES CHAMPIONSHIP MEET

Sanction #093-007 by the Maryland Association of U.S. Masters Swimming, Inc.

- WHEN:** Saturday, March 15, 2003
Warm-up at 3:00 pm
Meet starts promptly at 3:45 pm
- WHERE:** University of Maryland Baltimore County (UMBC) in Catonsville, Maryland
- FACILITY:** A modern, 8-lane, 25 yard pool. A 13 x 13 yard diving well will be available for warm-up throughout the meet. A fully electronic timing system and non-turbulent lane markers will be used.
- RULES:** USMS rules will apply. The standard age groups will be used for all events. Results will be submitted for Top Ten recognition. Age is determined as of 3/15/2003. All swimmers must be registered with USMS.
- SEEDING:** Ages and sexes will be combined. Slower heats are swum first.
- ENTRIES:** There will be a \$6 charge per swimmer, regardless of the number of events which are entered.

Each swimmer is limited to 3 individual events and one relay.

Complete the attached entry form and return it along with your check for \$6 and a copy of your USMS card, to:

Barbara Protzman, 7919 Main Falls Circle, Catonsville, MD 21228

Questions? Call **(410) 788-2964** before 10pm, email: **swimbarb@hotmail.com**

Checks should be made payable to USMS, Maryland Association.

Entries must be received no later than Saturday, March 8.

DECK ENTRIES ARE NOT ALLOWED FOR THIS MEET (except relays).

- SOCIAL:** There will be a social at an area establishment following the meet. Details will be available at the meet. We hope you will join us!

ORDER OF EVENTS

- | | |
|-------------------------------|-------------------------------|
| 1. 400 yd. Medley Relay | 11. 50 yd. Breaststroke |
| 2. 50 yd. Freestyle | 12. 100 yd. Butterfly |
| 3. 200 yd. Butterfly | 13. 200 yd. Individual Medley |
| 4. 100 yd. Individual Medley | 14. 200 yd. Breaststroke |
| 5. 50 yd. Backstroke | 15. 100 yd. Freestyle |
| 6. 100 yd. Breaststroke | 16. 200 yd. Backstroke |
| 7. 25 yd. Novice Freestyle * | 17. 25 yd. Novice Choice * |
| 8. 200 yd. Freestyle | 18. 50 yd. Butterfly |
| 9. 100 yd. Backstroke | 19. 400 yd. Free Relay |
| 10. 400 yd. Individual Medley | 20. 500 yd. Freestyle |

*Novice events are restricted to new swimmers in their first year of competition only.

DIRECTIONS TO THE MEET:

From the Baltimore Beltway (Rt. 695):

- Exit 12, Wilkens Ave. West.
- UMBC is ½ mile on the left.
- Turn into the first entrance by the police station.
- Take a right at the stop sign at the top of the hill.
- Go through the next stop light.
- The pool is at the foot of the high rise building at the bottom of the hill.

From Rt. 95:

- Take the Catonsville (Rt. 166/195) exit.
- Follow the exit ramp over the bridge and bear right onto the campus.
- The pool is directly ahead of you at the stop sign.

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2003 MARYLAND LMSC SWIM SERIES CHAMPIONSHIP MEET ENTRY FORM

Please print:

LAST NAME	FIRST NAME	AGE	SEX	BIRTHDATE
STREET ADDRESS		USMS NUMBER		USMS TEAM
CITY	STATE	ZIP	TELEPHONE	WORKOUT LOCATION
EMAIL ADDRESS				

**ENTRIES ARE LIMITED TO THREE (3)
INDIVIDUAL EVENTS ONLY.**

EVENT NAME	EVENT #	SEED TIME

TOTAL FEE: \$ 6.00

NO DECK ENTRIES

RELEASE BY PARTICIPANT

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 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.

SIGNATURE (REQUIRED) _____ **DATE** _____

Include a copy of your USMS card with this form if you are not registered with the Maryland LMSC.

**MAIL TO: Barbara Protzman
7919 Main Falls Circle
Catonsville, MD 21228**

**Include a check for \$6 payable to:
USMS, Maryland Association**

**Entries must be received by:
Saturday, March 8**