



**The First Annual NCAM "Fall Brawl" Masters Meet
Saturday, November 21st, 2009
Koury Natatorium, Chapel Hill, NC**

- Sanction:** Sanctioned by the LMSC for North Carolina for USMS Inc., Sanction number: 139-07
- Sponsor:** North Carolina Aquatic Club
- Date and Time:** Saturday, November 21st, 2009
- Facility:** Koury Natatorium, UNC Campus, Skipper Bowles Drive, Chapel Hill, NC. The competition course will be an 8 lane 25 yard pool with non-turbulent lane lines. Competition lanes are 9 feet wide. Colorado electronic timing system with an 8 lane scoreboard will be used. Pool depth ranges from 7 to 14 feet. Warm up/warm down lanes will be available on the far side of the bulkhead. Wireless internet is available in the spectator seating area. **NO SPECTATORS ARE PERMITTED ON THE POOL DECK.** No smoking in the building.
- Classification:** Masters Meet
- Eligibility:** Swimmers must be registered with U.S. Masters Swimming (USMS). Please attach photocopy of current 2009 or 2010 registration card to entry.
- Entries:** Each Swimmer may enter a maximum of 5 individual events.
- Fees:** \$3 per individual event
\$10 per swimmer facility surcharge
- Entry Deadline:** All entries must be received by Saturday, November 14th, 2009 Late entries will be accepted on the pool deck the day of the meet for an additional fee of \$5.00.
- Send entries to:** Griff Helfrich
220 Elizabeth St. Apt. G13
Chapel Hill, NC 27514
- Meet Directors:** Griff Helfrich and Sean Quinn
- Referee:** Mike Hoffer, mike@carolinaclosets.com
- Awards/ Scoring:** Scoring will be 7-5-4-3-2-1 for individual events and 14-10-8-6-4-2 for relays.

Order of Events
Saturday, November 21st

Warm up: 12 noon
Competition: 1 pm

Women		Men
1	100 IM	2
3	500 Free	4
5	100 Back	6
7	200 Mixed Free Relay	8
	10 Minute Break	
9	200 Free	10
11	100 Breast	12
13	100 Free	14
15	200 Mixed Medley Relay	16
	10 Minute Break	
17	200 Stroke	18
19	50 Free	20
21	100 Fly	22
23	400 Mixed Free Relay	24
	10 Minute Break	
25	1650 Free	26

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Please Print Legibly

Name: _____ Club Affiliation: _____

Address: _____

City/State: _____ Zip: _____

Age (on Nov. 21st): _____ DOB: _____ Sex: M F

2009 or 2010 USMS Registration Number: _____

		Time
1	100 IM	2
3	500 Free	4
5	100 Back	6
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Facility Charge for USMS swimmers @ \$10 = \$ _____

Number of pool events: _____ @ \$3 ea. = \$ _____

Number of pool relays: _____ @ \$4 ea. = \$ _____

Total: \$ _____

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: _____ Date: _____