

SINGAPORE MASTERS SWIM MEET

CHANGI BEACH CLUB

29 – 30 AUGUST 2009

INDIVIDUAL ENTRY FORM

NAME (underline surname): _____ DOB (dd/mm/yyyy): _____ AGE: _____ M/F

ADDRESS: _____

CONTACT: _____ NATIONALITY: _____ EMAIL: _____

CLUB: _____

EMERGENCY CONTACT PERSON: _____ CONTACT NUMBER: _____

Please tick the appropriate age-group as at 31 December 2009

Age Group	Snr AG 19-24	A 25-29	B 30-34	C 35-39	D 40-44	E 45-49	F 50-54	G 55-59	H 60-64	J 65-69	K 70-74	L 75-79	M 80-84	N 85-89	P 90-94	Q 95-99

FREESTYLE		BACKSTROKE		BREASTSTROKE		BUTTERFLY		IND. MEDLEY	
Distance	Submitted Time	Distance	Submitted Time	Distance	Submitted Time	Distance	Submitted Time	Distance	Submitted Time
50m		50m		50m		50m		200m	
100m		100m		100m		100m		400m	
200m		200m		200m		200m		You may enter a maximum of 6 individual events.	
400m		Entry fee S\$10.00 per individual event Cheque payable to Aquatic Performance Swim Club							
800m									

Please enter your best time, a reasonable estimate or a workout time.

Swimmers are limited to 7 events in total.

FEES (Singapore Dollars):

*Early Bird Registration: \$15 _____
 (includes 1 individual event and Sunday tea)
** Form and Payment receive before 18 Jul 09*

Normal Registration – per person \$30 _____
 (includes 1 individual event and Sunday tea)

Non-affiliate \$10 _____

Number of Individual Events _____ x \$10 _____

Total Fees Enclosed _____

Cheque payable to Aquatic Performance Swim Club, Mailing address: Orchard PO Box 788, Singapore 912327

CLOSING DATE: SUNDAY 16 AUGUST 2009

Please ensure you sign the next page and return it with your form

For Official Use

Early Bird Special: Y / N Number of Family Member: _____

Payment details:

Mode: Cash / Cheque Amount: S\$ _____ Bank _____ Cheque Number: _____

PLEASE ENSURE YOU SIGN YOUR FORM

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 the Singapore Masters Swimming Series or any other associated activities. Accordingly I hereby certify that I am physically fit and well to participate in any such training and events.
2. 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.
3. I undertake at all times to use my best endeavours to train and compete in a safe an proper manner and not to do anything which would expose myself or fellow swimmers to unnecessary risk of injury.
4. 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 to safety.
5. I acknowledge that the Aquatic Performance Swim Club, Singapore Swimming Association, Gener8 Pte Ltd, or any body affiliated thereto, 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.
6. I hereby agree to abide by and be governed by the rules of FINA, the Singapore Swimming Association and all other laws and regulations applicable including the SSA Safety Laws. One Start rule will be applied for this competition so desired by the organizing committee.

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

Signature of Competitor: _____ Date: _____