

SUMMARY SHEET
The Cape Cod Swim Club
Age Group and Senior Team Specialty Meet

Name of Team: _____ Code Letters: _____

Team Mailing Address: _____

Coach: _____ Phone: _____

Contact Person: _____ : _____

Computer Entries (add \$0.50 per splash for paper entries):

Girls _____ x \$3.50 = _____

Boys _____ x \$3.50 = _____

Number of Entries: _____ **TOTAL \$** _____

Please make checks payable to: **Friends of the CCSC**
Mailing Address: C/- PO Box 623, Buzzards Bay MA 02532

Any swimmer whose entry is accepted, will for himself, his heirs or executors and administrators, waive and release any and all rights and claims for damages he/she may have against USA Swimming, New England Swimming, The Cape Cod Swim Club, The Massachusetts Maritime Academy, the Commonwealth of Massachusetts for any and all injuries suffered by him/her at said meet.

Signature of Authorized Team Official

Name of Authorized Team Official

Names and phone numbers of Certified Officials from your club:

