

**SOUTH SHORE YMCA STRYPERS
TEAM DISTANCE MEET
OCTOBER 20, 2002**

NAME OF TEAM: _____ ABBREVIATION: _____

TEAM ADDRESS: _____ PHONE: _____

COACH: _____ PHONE: _____

CONTACT PERSON: _____ PHONE: _____

TEAM E-MAIL ADDRESS: _____
(required)

NO. OF ENTRIES BOYS: _____ X \$3.50 = _____
 GIRLS: _____ X \$3.50 = _____
 Surcharge: _____ X \$.50 = _____ (required for hand entries)
 TOTAL = _____

ENTRY DEADLINE: **OCTOBER 4, 2002**
MAKE CHECK PAYABLE TO: **YSS SWIM TEAM**
MAIL ENTRY & CHECK TO: **MS. DARLENE MCGRATH**
 45 TRUMAN DR.
 RANDOLPH, MA 02368

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 UNITED STATES SWIMMING, NEW ENGLAND SWIMMING, SOUTH SHORE YMCA STRYPERS SWIM TEAM AND THE SOUTH SHORE YMCA FOR ANY AND ALL INJURIES SUFFERED BY HIM/HER AT SAID MEET.

AUTHORIZED CLUB OFFICIAL'S SIGNATURE

NAME: _____
TITLE: _____

PLEASE LIST OFFICIALS WHO MAY BE INTERESTED IN VOLUNTEERING TO HELP

NAME: _____ PHONE: _____
NAME: _____ PHONE: _____
NAME: _____ PHONE: _____