

**CITY OF PRESIDENTS SWIM CLASSIC
DECEMBER 7-8, 2002**

NAME OF TEAM: _____ ABBREVIATION: _____

TEAM ADDRESS: _____ PHONE: _____

COACH: _____ PHONE: _____

CONTACT PERSON: _____ PHONE: _____

E-MAIL: _____ (required)

NO. OF ENTRIES GIRLS: _____ X \$3.50 = _____

 BOYS: _____ X \$3.50 = _____

 Surcharge: _____ X \$.50 = _____ (required for hand entries)

 TOTAL = _____

ENTRY DEADLINE: **FRIDAY, NOVEMBER 22, 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, SOUTH SHORE YMCA AND THE LINCOLN HANCOCK COMMUNITY SCHOOL 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: _____