

EASTHAMPTON BARRACUDAS SWIM TEAM
AGE GROUP AND SENIOR "A/B/C" MEET
JANUARY 14-15th, 2006

TEAM _____ CLUB ABBREV. _____
ADDRESS _____ PHONE _____
CITY _____ STATE _____ ZIP CODE _____

COACH _____ PHONE (H) _____ (W) _____
E-MAIL: _____

CONTACT _____ PHONE (H) _____ (W) _____
E-MAIL: _____

MAIL ENTRIES TO : Cheryl Fletcher
22 Gunn Rd.
Southampton, MA 01073
E-MAIL ENTRIES TO: Fletchcows@aol.com

MAKE CHECKS PAYABLE TO : Easthampton Barracudas Swim Team

ENTRY DEADLINE: January 8, 2006

ENTRY FEES: _____ Individual Electronic Entries @ \$3.50 = \$ _____
_____ Individual Non-Electronic Entries @ \$ 4.00 = \$ _____

TOTAL ENCLOSED \$ _____

NAMES OF CERTIFIED OFFICIALS WISHING TO HELP:

_____ PHONE _____
_____ PHONE _____
_____ PHONE _____
_____ PHONE _____

LIABILITY RELEASE

Any swimmer whose entry is accepted will, for himself, his heirs, executors, and administrators, waive and release any and all rights and claims for damages he may have against United States Swimming, New England Swimming, Easthampton Barracudas Swim Team, White Brook Middle School, and Town of Easthampton for any and all injuries suffered by him at said meet. In submitting this entry the undersigned team certifies that all athletes in the entry are registered with USA Swimming and understands that the team may be fined \$100 for each swimmer in the entry that is not registered with USA Swimming

Club Official Signature

Date