

**Seekonk Swimming**  
**New England Swimming Regional Meet**  
Mayers Natatorium, Seekonk High School Pool, Seekonk, MA  
February 17-19, 2006  
Sanctioned by NE Swimming #NE-06-17 & NE-06-17TT

**CONTACT INFORMATION**

Team Name: \_\_\_\_\_ Abbreviation: \_\_\_\_\_  
Deck Coach: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Entries Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ENTRY FEES**

_____	Individual Entries	@ \$3.50	=	\$ _____
_____	Distance (400 & longer) Entries	@ \$5.00	=	\$ _____
_____	Relay Entries	@ \$14.00	=	\$ _____
_____	NE Swimming Travel Fund	@ \$1.00	=	\$ _____
Total:				\$ _____

Make check payable to: **Seekonk Aquatics, Inc.**

Mail entries and check to:  
Seekonk Aquatics, Inc.  
c/o Ray Grant, Entry Chairperson  
80 Davis Street  
Seekonk, MA 02771  
508-336-9982

Entry Deadline: February 7, 2006  
*For e-mailed entries, this form and payment must be received within four business days of your entry e-mail.*

**LIABILITY RELEASE**

Any swimmer whose entry is accepted will, for him/herself, his/her heirs, executors and administrations, waive and release any and all rights and claims for damages he/she may have against United States Swimming, New England Swimming, Seekonk Aquatics Inc., Seekonk Swimming, Seacoast Swimming – Seekonk and the Town of Seekonk for any and all injuries suffered by him/her 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 will be fined \$100 for each swimmer in the entry that is not registered with USA Swimming at the time of entry.**

\_\_\_\_\_  
Signature of Authorized Team Official

\_\_\_\_\_  
Date