

**SouthCoast Aquatics
Team Specialty Meet**

U-Mass/Dartmouth Pool, Dartmouth, MA

October 9-10, 2005

Sanctioned by NE Swimming #NE-05-61 & NE-05-61-TT

CONTACT INFORMATION

Team Name: _____ Abbreviation: _____

Deck Coach: _____ Phone: _____ Email: _____

Entries Contact: _____ Phone: _____ Email: _____

ENTRY FEES

_____ Individual Electronic Entries @ \$3.50 = \$ _____

_____ Individual Non-Electronic Entries @ \$4.00 = \$ _____

_____ Swimmer Participation Fee @ \$2.00 = \$ _____

Total: \$ _____

Make check payable to: SouthCoast Aquatics

Mail entries and check to:
Friends of UMD Swimming
c/o Cathy Motta, Entry Chairperson
285 Old Westport Road
Dartmouth, MA 02747
508-910-6462

Entry Deadline: October 2, 2005
*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, The University of Massachusetts Dartmouth and SouthCoast Aquatics 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 may be fined \$100 for each swimmer in the entry that is not registered with USA Swimming.**

Signature of Authorized Team Official

Date