

9th Annual BAMFest SCY Swim Meet- Sanction # 360-05
Hosted by Bainbridge Area Masters (BAM), Referee Teri White
Sanctioned by PNA Local Masters Swim Committee for USMS, Inc.

ORDER OF EVENTS	
Modified "High School" Format	
#	EVENT
1 & 2	200 MEDLEY RELAY W/M
3	200 FREE
4	50 BACK
5	200 IM
6	50 FREE
15 minute Break	
7	100 FLY
8	50 BREAST
9	100 FREE
10	500 FREE
11	100 IM
12 & 13	200 FREE RELAY W/M
14	100 BACK
15	50 FLY
16	100 BREAST
17	200 Mixed Fantasy Relay

DATE & TIME: Saturday, October 9, 2010
 Warm-up: 9:00 AM Meet starts: 10:00 AM
 Check-in with Clerk of Course upon arrival and positive check-in required for the 500FR prior to the break.

LOCATION: Bainbridge Island Aquatic Center: 8521 Madison Ave, Bainbridge Island WA 98110; pool phone: 206-842-2302. 25-yard course with six lanes used for competition and one lane for continuous warm-up and cool down in a separate pool. The hot tub, sauna, and steam room will be available during the meet for competitors only. Electronic timing will be used.

DIRECTIONS:
From Seattle: Take the 7:55 AM ferry to Bainbridge Island. Proceed on SR305 exactly one mile to NE High School Road. Turn left (west) on High School Rd. Turn right (north) at traffic circle onto Madison Ave. Take first left for driveway entrance to pool.
From West sound: Take SR305 to Madison Ave. N and turn right (south). Proceed 0.6 miles to the pool entrance on the right.

ELIGIBILITY: Open to all 2010 USMS registered swimmers age 18 and above on 10/09/10. Age groups determined by the swimmer's age on 10/09/10.

RULES: Current USMS rules will govern meet.

AGE GROUPS (individual events): 18-24, 25-29, and 5-year age groups as high as necessary.

RELAYS: Deck-enter relays at the meet. Age groups 18+, 25+, 35+, and 10-year increments as high as necessary. Age of the youngest relay swimmer determines the age group of the relay. Fantasy relay instructions will be announced at the meet. (NOTE: the relay often utilizes inner tubes, backwards swimming, water polo balls, sculling, flower caps, and/or other exciting and goofy challenges).

SEEDING: Slow to fast. Check-in with the clerk of course.

MEET DIRECTOR: Brian Russell, email: brussell@hntb.com

WEBSITE: For more information, visit the PNA website (www.swimpna.org), or BAM website www.bainbridgeaquaticmasters.org

SAFETY FIRST

No diving during warm-up/warm-down except into designated sprint lanes.

MEET ENTRY FORM: October 9, 2010 9th Annual BAMFest
Hosted by Bainbridge Area Masters (BAM) - Sanction # 360-05

NAME: _____ Male Female

AGE (on 10/09/10) _____ Team or Unattached _____

ADDRESS: _____

E-MAIL: _____ PHONE: _____

BIRTHDATE: _____ USMS# _____

Include a copy of your current Masters Registration card if you are not a PNA member.

EMERGENCY CONTACT: _____ PHONE: _____

ENTRY LIMIT: Five individual events, plus relays. Circle if your first Masters meet: Y

EVENT #	EVENT NAME	SEED TIME (Short Course Yards)

Late entries will not be accepted.

ENTRY FEES: \$ 16.00 Surcharge (Includes LMSC & electronic timing fees)

Individual Events: \$ _____ \$1.00 per event. No charge for relays.
 Optional for age 65 and over, or if needs based.

TOTAL \$ _____ Please make checks payable to: **BAM**

Mail this entry form and fees to: **BAM**
 PO Box 10934, Bainbridge Island, WA 98110

Entries must be postmarked by Sept. 28 or received by Oct. 1, 2010.

On-line entries are encouraged and must be completed by Oct. 1, 2010

https://www.clubassistant.com/club/meet_information.cfm?c=1550&smid=2479

Club Assistant available 6/15/10 - Your credit card will be charged by 'ClubAssistant.com Event Billing' for this swim meet.

WAIVER: I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.

SIGNATURE: _____ DATE: _____