EASTERN ZONE ALL STAR SWIM MEET NEW ENGLAND SWIMMING August 11-14, 2004 rio Community College Flickinger, Aquetic Center on

Erie Community College Flickinger Aquatic Center and University of Buffalo Alumni Arena Pool in Buffalo, NY

Please complete and submit to the verification table at the 2004 New England Long Course Championship Meets.

Name_									
Legal first name	Middle initial	Le	gal last name						
Legal first name Age Birthdate	USA Swir	nming I.D. #							
Address									
City	State	Zip							
Your home e-mail address		•							
(All Zone Team correspondenc	e will occur via e-mai	il)							
Phone (homo		cell						
Coach Suit size Male-regular or jamm	Clu	b affiliation							
Suit size Male-regular or jamm	er (Circle one)	Female							
Shirt Size Sv	weat shirt size	Short size	2						
Swimmers must have a minimu	ım of two (2) Zone qu	alifying times in	order to be						
considered for the New England									
you have qualified as well as the 50 and 100 meter freestyle times (for relay consideration). ONLY long course meter times will be accepted (no converted short course times will be allowed). For verification, please list the meet at which each time was attained. Swimmers are allowed six events total – no more than three per day (this									
					does not include relays).				
					Event 1				
					Event 2				
Event 3									
Event 4									
Event 5									
Event 6									
50 Free	100 Free								
PLEASE NOTE: Swimmers w		n the Eastern Zone	e Open Water						
Swimming Competition may do so at their own expense. New England Swimming will									
not be responsible for meet entry, staffing or supervision of any kind for this competition.									
	y, switting of supervis	2011 01 4117 111114 1	or vine competition.						
The deadline for applications for	or 12 and under swim	mers will be at the	e conclusion of the						
12 and Under Championship Meet at Harvard, on Sunday, July 25th, 2004. The deadline for applications for 13 and over swimmers will be at the conclusion of the Open									
					Championship Meet at Brown, on Sunday, August 1st, 2004. The meet entry deadlines				
that must be adhered to, thus there will be no exception to the swimmer application									
deadlines.	,, iii ot no encepti								
) per swimmer								
	, ber swimmer	Date of rece	int						

Please complete the waiver form on the back to this application.

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Waiver of Liability

I hereby release New England Swimming, together with their operators, agents, employees, consultants, and instructors from any and all claims from injury or damage that may be sustained by me or my child during participation in the Eastern Zone Age Group All Star Swimming Competition..

I represent hereby that my child is in good health and capable of participating on the New England Zone Team and will not do anything which will injure himself/herself or others while engaged in the programs. I will hold New England Swimming harmless in connection with his/her participation.

If an accident or injury occurs, I will give New England Swimming or their representatives permission to obtain medical attention and/or required treatment.

Parents Signature_	
Date	