

Seekonk Swimming
New England Swimming Regional Meet
Mayers Natatorium, Seekonk High School Pool, Seekonk, MA
February 6-8, 2009
Sanctioned by NE Swimming #NE-09-29 & NE-09-29TT

CONTACT INFORMATION

Team Name: _____ Abbreviation: _____
Deck Coach: _____ Phone: _____ Email: _____
Entries Contact: _____ Phone: _____ Email: _____

ENTRY FEES

_____	Individual Entries	@ \$4.00	=	\$ _____
_____	Distance (400 & longer) Entries	@ \$5.00	=	\$ _____
_____	Relay Entries	@ \$16.00	=	\$ _____
_____	NE Swimming Travel Fund	@ \$2.00	=	\$ _____
_____	Swimmer Participation Fee	@ \$5.00	=	\$ _____

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: January 27, 2009
*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