

# READING RAILROADERS' MASTERS SWIM MEET



*November 15, 2009*  
*(Regardless of Weather)*

RECOGNITION  
NO. 089-R008

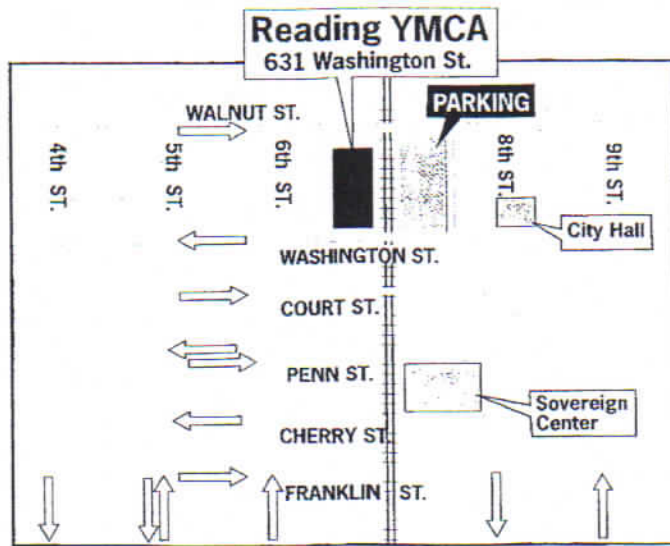
**READING, Y.M.C.A.**

**631 Washington Street, Reading PA 19601**

- FACILITY:** 8 LANES, 25 YARD POOL, BLEACHERS, GALLERY, LOCKER ROOMS.  
POOL LENGTH IS CERTIFIED.
- TIME:** YMCA OPENS 9:00 A.M., WARM-UPS 9:10 A.M., MEET STARTS 9:45 A.M.
- ENTRY DEADLINE:** ENTRY FORMS MUST BE RECEIVED BY MONDAY, NOVEMBER 9, 2009.  
PLEASE MAIL ALL ENTRIES, AND SIGNED RELEASES:
- BILL CAREY  
416 LIBERTY DRIVE  
BLANDON, PA 19510**
- ELIGIBLE:** OPEN TO ALL SWIMMERS AGE 18 AND OVER.
- FEES:** \$4.00 PER EVENT, \$4.00 PER RELAY, \$5.00 SURCHARGE.  
ENTRY FEES WILL NOT BE REFUNDED.
- AGE GROUP:** 18-24, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80 AND OVER.
- RELAY:** TO BE ENTERED IN MASTERS AGE GROUP: 20-24, 25+, 35+, 45+, 55+, 65+, 75+,  
AGE GROUP DETERMINED BY YOUNGEST SWIMMER.
- AWARDS:** RIBBONS FOR 1ST, 2ND AND 3RD PLACES.  
5 FIRST PLACE RIBBONS WILL RECEIVE AN ANNA BAUSCHER MEDAL.  
RESULTS WILL BE POSTED ON WEBSITE: [www.dvmasters.org](http://www.dvmasters.org) OR  
RESULTS WILL BE MAILED TO YOU IF A SELF-ADDRESSED STAMPED ENVELOPE  
IS ENCLOSED WITH YOUR APPLICATION.
- REFRESHMENTS:** AVAILABLE IN THE GALLERY DURING MEET, COURTESY OF READING YMCA  
RAILROADERS' MASTERS SWIM TEAM.
- NOTE:** 1- ALL SWIMMERS WITH A USMS NUMBER WILL HAVE THEIR TIMES SUBMITTED  
FOR THE TOP TEN.  
2- HYTEK TEAM MANAGER C1•2 WILL BE ACCEPTED, AND MAY BE SENT TO:  
[kdanner@ymca-berkscounty.org](mailto:kdanner@ymca-berkscounty.org). ALSO CALL KRIS AT 610-378-4733 TO LET HER KNOW  
WHAT WAS SENT.
- INFORMATION:** CONTACT BILL CAREY AT (610) 944-9748.

**PLEASE MAKE CHECK PAYABLE TO: READING RAILROADERS' SWIM TEAM**

- LODGING:** ECONO-LODGE (610) 378-5105  
HAMPTON INN (610) 374-8100  
WELLESLEY INN (610) 374-1500  
DAYS INN (610) 777-7888  
RAMADA INN (610) 929-4741
- INN AT READING (610) 372-7811  
CROWNE PLAZA HOTEL (610) 376-3811
- FOR MORE INFORMATION CONTACT THE BERKS  
COUNTY PA DUTCH TRAVEL ASSN. (610) 375-4085



Please circle event number, enter seed times, and add entry fees.

EVENT NUMBER	EVENT	SEED TIME	FEE
1	Mixed 200 Medley Relay		
2	Mixed 200 Freestyle		
3	Mixed 50 Backstroke		
4	Mixed 100 IM		
5	Mixed 50 Freestyle		
6	Mixed 100 Butterfly		
7	Mixed 50 Breaststroke		
8	Mixed 100 Freestyle		
9	Mixed 200 IM		
10	Mixed 100 Backstroke		
11	Mixed 50 Butterfly		
12	Mixed 100 Breaststroke		
13	Mixed 200 Freestyle Relay		
14	Mixed 500 Freestyle		
SURCHARGE		=	\$5.00
TOTAL		=	

**INDIVIDUAL EVENTS – \$4.00 (per event)**  
**RELAY EVENTS – \$4.00 (per event)**

**PLEASE MAKE CHECK PAYABLE TO:**  
**“READING RAILROADERS’ SWIM TEAM”**

Mixed 200 Medley Relay  
 (2 Men, 2 Women)

Team:

NAME	AGE	M/F	NAME	AGE	M/F

Mixed 200 Freestyle Relay  
 (2 Men, 2 Women)

Team:

NAME	AGE	M/F	NAME	AGE	M/F

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.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

USMS NUMBER: \_\_\_\_\_ USMS CLUB: \_\_\_\_\_  
 (Not Required) Team (for points) or Unattached

PRINT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SEX: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ EMERGENCY CONTACT NUMBER: ( ) \_\_\_\_\_  
 (Not Required)

E-MAIL ADDRESS: \_\_\_\_\_  
 (Used for Swim Meet Results, Future Mailings and Entree Forms)