



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Ocean County YMCA Tiger Sharks Swim Team Presents:**  
**2016 OCY Unofficial Masters Team Championships**

**Sunday, February 14, 2016**

**Ocean County YMCA,  
1088 W Whitty Rd, Toms River, NJ**

- Approval:** Recognized by the NJ LMSC for USMS, Inc. Recognition: #076-R001
- Facility:** The Ocean County YMCA 12 lane competition pool. 8 lanes will be used for competition. 2 lanes for warm up/warm down during the meet.  
The length of the competition course without a bulkhead is in compliance and on file with USMS in accordance with articles 105.1.7 and 107.2.1.
- Purpose:** The swimmers on the Ocean County YMCA age group swim team are running this meet as a fundraiser to help defer the cost of a team trip they will be taking to the YMCA National Championship in April.
- Times:** 1000 Free                      TBD Warm Up, TBD Start  
(Times will be posted Wednesday before the meet)  
All other events            12:00 PM Warm Up, 12:40 Start
- Eligibility:** Open to all teams and swimmers. Competitors must be 18 years of age or older and may compete in a maximum of 5 individual events. **Note: Swimmers who are not current USMS members may compete in this meet.**
- Awards:** Ribbons for first through third place in each age group. Team trophy for 1<sup>st</sup> place.
- Registration:** **See Entry Fees.** Sorry, no deck entries.
- Timing:** Electronic Colorado system. In the unlikely event that a malfunction occurs, the meet will continue on schedule with the use of hand held stopwatch times.
- Seeding:** **All events other than the 1000 free will be pre-seeded.** Heats will be seeded slow to fast, regardless of sex or age. If you do not have a time, please give us a best estimate. Do not enter NT. **1000 will be seeded fastest to slowest.**
- Age Groups:** Individuals; 18-24, 25-29, 30-34, etc. through 90+  
Relays 18-24, 25-34, 35-44, 45-54, 55-64, 65+



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Entry Fees: **Entries received by February 5<sup>th</sup>:** Surcharge: \$10.00. Individual events cost \$5.00 per event. Relays are **Free**.

**Entries received after February 5<sup>th</sup>:** Surcharge: \$15.00. Individual events cost \$5.00 per event. Relays are **Free**.

**Online Meet Entries** close at midnight eastern time on February 12<sup>th</sup>, 2016. Entry fees are paid by credit card to "ClubAssistant.com Events." Online entry link is [https://www.ClubAssistant.com/club/meet\\_information.cfm?c=1563&smid=7056](https://www.ClubAssistant.com/club/meet_information.cfm?c=1563&smid=7056)

**When registering please be aware of the workout and club groups. Scoring will be decided by the workout group you register with not club affiliation.**

**Paper/Mailed Entries** must be received by February 12<sup>th</sup>, 2016. Make check payable to the Ocean County YMCA.

**There will be no refunds.**

Cancellations:

In case of severe weather conditions or other emergency situations, which force cancellations of any portion of this meet - no refunds will be made on any fees or swimmer surcharges. Every attempt will be made to reschedule the meet to another day if there is a cancellation of any kind.

Relays:

Relays must consist of two women and two men; the age of the youngest team member shall determine the age group. **Relays must be declared by the final heat of the 100 Free for the Medley Relay and the final heat of the 500 Free for the Free Relay.**

1000 Free:

We would appreciate all swimmers providing their own timers and counters. If a timer and/or counter can not be provided please notify the meet director when submitting entries and arrangements can be made to have one provided.



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Events:

- |               |                         |                           |
|---------------|-------------------------|---------------------------|
| 1) 1000 Free  |                         |                           |
| 2) 100 Free   | 8) 500 Free             | 14) 100 Fly               |
| 3) 100 IM     | 9) <b>200 Med Relay</b> | 15) 50 Breast             |
| 4) 50 Fly     | 10) 100 Back            | 16) 200 Back              |
| 5) 100 Breast | 11) 50 Free             | 17) 200 Free              |
| 6) 50 Back    | 12) 200 Breast          | 18) <b>200 Free Relay</b> |
| 7) 200 Fly    | 13) 200 IM              |                           |

Scoring: First Through Sixth. Individual: 7,5,4,3,2,1 points. Relays: 14,10,8,6,4,2 Points.

Concessions: Each swimmer will receive 1 ticket for food and a drink. Food will be available for sale for spectators.

Vendor: The Sport Spot will have a table for all your equipment needs.

Entry Limits. The meet will be limited to 250 swimmers to maintain an appropriate timeline. Also the 1000 will be limited to 6 heats, and the 500 will be limited to 8 heats. Entries will be accepted on a first come first serve basis in the order that they are received.

Meet Info: The psych sheet will be posted at [www.ocytigersharks.org](http://www.ocytigersharks.org) the Wednesday before the meet. Results will be posted within one week of the meet.

New Meet: Orientation We will be hosting a new meet orientation at 10:30am before the second session of the meet. Feel free to join us and pick up some tips about attending meets.

**Any Questions Contact,**

Justin Alsobrooks  
Ocean County YMCA  
1088 W Whitty Rd  
Toms River, NJ 08755  
[meetdirector@ocytigersharks.org](mailto:meetdirector@ocytigersharks.org)



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# 2016 OCY Unofficial Master Team Championships

Attach a copy of your registration card here.  
**But also fill out the following info and be sure to sign the waiver.**

Name \_\_\_\_\_ USMS No.: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Club/Workout Group Name: \_\_\_\_\_  
**When registering please be aware of the workout and club groups. Scoring will be decided by the workout group you register with not club affiliation.**

Club/Workout Abbreviation: \_\_\_\_\_

"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 ODR DAMAGES CAUSED BY THE 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."

Swimmer Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Event #	Event	Seed Time	Event #	Event	Seed Time
1	1000 free		10	100 back	
2	100 free		11	50 free	
3	100 IM		12	200 breast	
4	50 fly		13	200 IM	
5	100 breast		14	100 fly	
6	50 back		15	50 breast	
7	200 fly		16	200 back	
8	500 free		17	200 free	
9	200 med relay	Deck Entered	18	200 free relay	Deck entered

Meet surcharge: \$10.00 Before Feb. 5<sup>th</sup> (\$15.00 After Feb. 5<sup>th</sup>)

Number of Individual events \_\_\_\_\_ @ \$5.00 each = \$ \_\_\_\_\_

Total Fee Enclosed \$ \_\_\_\_\_ **There will be no refunds.**

**Make checks payable to:** Ocean County YMCA

OCEAN COUNTY YMCA  
1088 W Whitty Road, Toms River NJ 08755  
P 732 341 9622 F 732 341 1629  
WWW.OCYMCA.ORG

**Mail to:**

Ocean County YMCA  
C/O Justin Alsobrooks  
1088 W Whitty RD  
Toms River, NJ 08755



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## **PARTICIPANT WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

For and in consideration of United States Masters Swimming, Inc. ("USMS") allowing me, the undersigned, to participate in any USMS sanctioned or approved activity, including swimming camps, clinics, and exhibitions; learn-to-swim programs; swimming tryouts; fitness and training programs (including dryland training); swim practices and workouts (for both pool and open water); pool meets; open water competitions; local, regional, and national competitions and championships (both pool and open water); and related activities ("Event" or "Events"); I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (the "Agreement");

1. I hereby certify and represent that (i) I am in good health and in proper physical condition to participate in the Events; and (ii) I have not been advised of any medical conditions that would impair my ability to safely participate in the Events. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Events.
2. I acknowledge the inherent risks associated with the sport of swimming. I understand that my participation involves risks and dangers, which include, without limitation, the potential for serious bodily injury, sickness and disease, permanent disability, paralysis and death (from drowning or other causes); loss of or damage to personal property and equipment; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with natural or manmade objects; dangers arising from adverse weather conditions; imperfect water conditions; water and surface hazards; facility issues; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Events, or the negligent acts or omissions of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses that I incur as a result of my participation in any Events.
3. I agree to be familiar with and to abide by the Rules and Regulations established by USMS, including any safety regulations. I accept sole responsibility for my own conduct and actions while participating in the Events.
4. I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: USMS, its members, clubs, workout groups, event hosts, employees, and volunteers (including, but not limited to, event directors, coaches, officials, judges, timers, safety marshals, lifeguards, and support boat owners and operators); the USMS Swimming Saves Lives Foundation; USMS Local Masters Swimming Committees (LMSCs); the Event organizers and promoters, sponsors and advertisers; pool facility, lake and property owners or operators hosting the Events; law enforcement agencies and other public entities providing support for the Events; and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees, and volunteers (individually and collectively, the "Released Parties"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys' fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.
5. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim.



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I hereby warrant that I am of legal age and competent to enter into this Agreement, that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns), acknowledge that I have signed this Agreement without any inducement, assurance, or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements, or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

Last Name	First Name	MI	Sex (circle) M    F	Date of Birth (mm/dd/yy)
Street Address, City, State, Zip				
Signature of Participant			Date Signed	

*Revised 07/01/2014*