

THE BOSTON TEA PARTY MEET

2008 REGISTRATION

Name: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postcode: _____

Telephone: _____ Email: _____

Date of Birth: _____ Team: _____

Gender: Male Female USMS# (or Foreign Equivalent): _____

Disabilities or Health Concerns: _____

Event Selection*	Entry Time: (0:00.00)		Entry Time: (0:00.00)
1) 200m Medley Relay	<i>DECK SEEDED</i>	<i>Break (20 minutes)</i>	
2) 200m Individual Medley		10) 800m Freestyle	
3) 100m Breaststroke		11) 100m Backstroke	
4) 50m Freestyle		12) 50m Butterfly	
5) 200m Backstroke Relay	<i>DECK SEEDED</i>	13) 200m Breaststroke Relay	<i>DECK SEEDED</i>
6) 200m Freestyle		14) 100m Freestyle	
7) 100m Butterfly		15) 50m Backstroke	
8) 50m Breaststroke		16) 100m Individual Medley	
9) 200m Butterfly Relay	<i>DECK SEEDED</i>	17) 200m Freestyle Relay	<i>DECK SEEDED</i>

*Swimmers are limited to five individual events per USMS rules

Fees

Registration Fee (includes 5 events plus relays):	\$30.00*	\$30.00*
Awards Cocktail & Dinner Harbor Cruise:	Qty: _____ x \$50.00	
Meet T-Shirt: <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L <input type="radio"/> XL	Qty: _____ x \$14.00	
TOTAL:		

*There will be a \$10 surcharge for registrations made after the deadline of Friday, April 25, 2008.
MAKE CHECK PAYABLE TO L.A.N.E.S.

Athlete's Release

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 2004 BOSTON TEA PARTY MEET 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: _____

Mail completed entries to: The Boston Tea Party Meet Registration, c/o LANES, PO Box 990537, Boston MA 02199-0537