

# Unattached Swimmer Registration Form

**ALL FIELDS ARE REQUIRED! This information will be used for meet correspondence.**

## Team Information

(State Abbreviation)

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Please mail your complete registration to: MYAS  
1011 Osborne Road NE  
Spring Lake Park, MN 55432

Coach/Parent Name

Address

City/State/Zip

Email Address

Daytime Phone

## Entry Fees

**Entries:** Send this form, payment and signed code of conduct form.

Number of qualifying swimmers:  @ \$45 = \$

**NOTE: Payment (to "MYAS") IS required upon submission!**

## Coach Passes

We offer one coach/deck pass per one unattached swimmer. If additional deck passes are needed, they can be purchased for \$20/pass. Please combine all fees into one payment.

Number of Coach Passes:       Number of Additional Coach Passes:  x \$20/pass =

Heat Sheets for teams will be available in the coaches' Hospitality Room on Saturday morning of the meet.

## Confirmation and Waiver

Your participation in the meet is not confirmed until after the entry deadline. Coaches/parents will be notified of their accepted roster within one week after the entry deadline. Payment **IS** required with your registration form (make checks payable to "MYAS").

Coach's/Parent's Signature\*

Date

*\* To the best of my knowledge, the information included in these entries is correct. All times submitted were achieved at a meet with electronic or multiple hand timers. All swimmers are members in good standing of our team. Our team agrees to abide by the rules and procedures of the meet, the policies of the building/facility, and any decision of the Midwest Regional Swim Meet Committee (Meet Director, Meet Manager and/ or Meet Referee).*

*The MYAS uses a check verification and recovery service. If your check is returned, the maximum penalty will be assessed according to Minnesota state law. The MYAS reserves the right to refuse entry to any team or individual that has not exhibited good conduct throughout the 2018-2019 season.*

# Unattached Swimmer Registration Form

## Swimmer Information

Swimmer Name

Date of Birth (MM/DD/YYYY)

USA Number (if applicable)

Event #

Event Name

Entry Time

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\*Unattached swimmers may not participate in relays.





# CODE OF CONDUCT

*Please make copies as needed.*

	Print Name	Signature
Coach/ Parent		
Coach/ Parent		
	Print Name	Signature
Athlete		
	Parent:	Parent:
Athlete		
	Parent:	Parent:
Athlete		
	Parent:	Parent:
Athlete		
	Parent:	Parent:
Athlete		
	Parent:	Parent:
Athlete		
	Parent:	Parent:
Athlete		
	Parent:	Parent:
Athlete		
	Parent:	Parent:

*\* In signing, I verify that the athletes listed herein are eligible to compete in the 2019 Midwest Regional Swim Meet. Upon your acceptance of the signed form, I, my heirs, executors and administrators, intending to be legally bound hereby, waive and release any and all rights I may have against the Minnesota Youth Athletic Services, the Spring Lake Park High School Swim Team and/or the University of Minnesota and their representatives from any and all injuries suffered by the coaches, athletes and/or spectators at the event.*