



Swim & fin Race for Salem Sound!



August 28, 2010 - Forest River Park, 98 West Ave, Salem, MA 01970

Race Registration

1. Race: (Choose only one) \Box - 500 meters	□ - 1.5 k (1500 meters) □ - 5K
2. Name:	
3. Address:	
City/State/Zip:	
4. Day Phone:	Cell Phone:
5. Email: (write clearly)	
6. ☐ Male ☐ Female Date of birth	Age on race day:
7. Emergency contact:	
Emergency contact phone:	Relationship to participant:
9. Parent/Guardian name if under 18:	
10. My Tee shirt size is □-S □-M □-L □- <i>Note: Registration must be received</i>	XL
11. I am a member of USA Swimming or US Ma If yes, you must bring identification a	sters. My membership number is:
 I am not a USA Swimming/US Masters mem membership to USA Swimming. 	ber. I am adding \$10 to my check for a one-event
13. Total enclosed: ☐ \$30 Entry Fee + ☐ \$10 one day membership USA Swimming=	
Registration fee: \$30 per person in advance, \$35 day of race. Advance checks must be received by August 26. Make checks payable to Salem Sound Coastwatch and mail to: Salem Sound Coastwatch, 201 Washington Street #9, Salem MA 01970	
14. ☐ Please sign me up for Salem Sound Coastwa	atch's monthly e-newsletter, "SoundNet"
Waiver of Liability	
have not been otherwise informed by a physician. I act water and competitive swimming, including possible pethose risks. I hereby waive any and all rights to claims participation in the <i>Race for Salem Sound Open Water</i> sponsors, or any individuals officiating at the meet or significant of the sponsors.	nd, do hereby certify that I am (my child is) physically fit and knowledge that I am aware of all of the risks inherent in open rmanent disability and death, and I agree to assume all of for loss of damages arising out of my (my child's) Swim against the City of Salem, clubs, host facilities, meet upervising such activities. I further attest and certify that I inption of risk and all information and signatures are accurate
Signature(Parent/Guardian if under 18)	Date