

2019 SHORT COURSE TIME TRIAL

Sanctioned by Masters Swimming Ontario (MSO #503) and open to all swimmers 18 years of age and over.

All swimmers will be accepted. Swimmers not registered with MSO must swim as Single-Event Registrants (club code SER). SER participants must pay an additional \$6.00 to receive MSO insurance coverage.

Swimmers under the age of 26 years, must comply with Ontario's new Rowan's Law (Concussion Safety) requirements. Review the Government of Ontario's concussion awareness at https://www.mastersswimmingontario.ca/rowans-law/. The required "Confirmation of Review" has been added to the online Waivers.

DATE: Sunday, December 1, 2019

Meet Manager: Christine Charron Meet Referee: Wendy McCutcheon

LOCATION: UNIVERSITY OF OTTAWA

Montpetit Hall 125 University Private (west of King Edward St.)

TIME: 6:45 a.m. Warm-up

7:30 a.m. Start 9:30 a.m. Finish

Deadline: Wednesday, November 20, 2019

Events: Events Seeded by Time

Individual Events - Men & Women Mixed

Heats Swum Slowest to Fastest

Limited to 4 individual events per swimmer plus 1 relay

Results: All results will be posted on the TechnoSport website and in

the MSO database at https://ms.mastersswimmingontario.ca

Single-Event Registrants will swim and be reported under the club code

"SER"

Records: Only swimmers registered with MSO are eligible for Ontario records.

MSO may share meet results with independent record-tracking lists for inclusion in aggregated records and rankings, for example, Christian Berger's Top Canadian Records and Rankings (www.StatsMan.ca). Record recognition by any other sanctioning organization is at the

discretion of such sanctioning organization.

Enter and Pay at: https://www.technosport.ca/swim/ottawa-swim-meets/

Phone: (613) 769-4204

E-mail: technosport@rogers.com



TECHNOSPORT SHORT COURSE TIME TRIAL

Sunday, December 1, 2019

ENTRY FORM, ATHLETE WAIVER & RELEASE

(Limited to 4 individual events per swimmer plus 1 relay)

Please Enter Entry Time

1.	50 Free
2.	100 Fly
3.	50 Breast
4.	100 Back
5.	50 Fly
6.	100 IM
7.	100 Breast
8.	50 Back
9.	100 Fly
10.	. 100 Free
11.	4x50 Free Relay

Last Name:		First Name:						
Gender:	M I		D.O.B.:	(d)	(m)	(yr)		
Age as of Dec	e. 31, 2019:							
Address:								
City:			_ Provi	nce:		Postal Code:		
Phone Number	er: <u>()</u>		_ E-Ma	il addres	ss:			
☐ I am registe	ered with M	SO: MSC) #:		Club l	Name:		
OR								
	egistered wi			e-Event	Registran	t I will pay the additional f	ee of	
AND								
Governme	•	ario's C	oncussion	Awaren	ess Reso	I confirm that I have readource (Rowan's Law) –		
		<u>ATH</u>	LETE WA	IVER &	& RELEA	<u>ase</u>		
administrator Masters, Ma whatsoever	rs and ass ster Swimi in any man crify that I t and suffic	signs, do ning Ont nner arisi have full iently tra	hereby ario, from ing or gro knowledg ined to par	release all clai wing or ge of the rticipate	and disms and out of my erisks in	for myself, my execucharge the TECHNOSP damages, demands and acparticipation in this event and according to the second se	PORT ctions nt. I	
G.					-			
Signature: _					Da	te:	-	