

KARNATAKA SWIMMING ASSOCIATION (REGD)
(Affiliated to SFI/KOA)
17th STATE MASTERS CHAMPIONSHIPS - 2015
BANGALORE
26th & 27th September 2015
Individual Registration Form

To be completed by all masters competitors.

Personal information: To be completed by all Competitors.

Surname _____

Given Name _____

Address _____

City/Town _____ Pin Code _____

Phone No. _____ Fax No. _____

‘E’ Mail ID No. _____

Sex :- Male/Female; Date of Birth Day _____ Month _____ Year _____

Age as 31st **December 2015** _____ Years.

Warning : Only well prepared and medically fit competitors should enter the 17th State Masters Swimming Championship – 2015.

1. I wish to compete in the Swimming/Diving events in the 17th State Masters Swimming Championships 2015 as per entry form “A”.

2. I hereby affirm and declare as follows:-

(a) I do not suffer from any illness or other health condition that may be aggravated or lead to all consequences by participation in any of the said Swimming/Diving events;

(b) I am otherwise in good health and I am fit to participate in the said Swimming events;

(c) I fully understand the possible risks of injury including serious injury or even death which are associated with participation in the said Swimming events;

(d) As I take part in the said Swimming events in good health & fitness with full understanding of the risks involved, any and every liability/responsibility arising out of any accident that may result in injury, disability (whether temporary or permanent and whether partial or total) or death shall be mine and mine alone and I will have no recourse to make any claim in this regard on the organizers of the events, State association venue owners, sponsors or any other persons associated with the event in any manner whatsoever.

3. I further affirm that I have signed this declaration on my own free will.

Date :- _____ Signature of Competitor _____

Please return this Registration form along with Entry form on or before 8th September 2015 to :-
The Hon’ Secretary, Karnataka Swimming Association, Bangalore, Bangalore – 560 001.

KARNATAKA SWIMMING ASSOCIATION (REGD)
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17TH STATE MASTERS SWIMMING CHAMPIONSHIPS - 2015

SWIMMING ENTRY FORM

Name _____
Given Name _____
Age Group _____

Events	Entry Time Min.Sec. 1/100	Please (X) against the event for entry
50 m. Free Style	_____	
100 m. Free Style	_____	
200 m. Free Style	_____	
400 m. Free Style	_____	
50 m. Back Stroke	_____	
100 m. Back Stroke	_____	
50 m. Breast Stroke	_____	
100 m. Breast Stroke	_____	
50 m. Butterfly	_____	
100 m. Butterfly	_____	
200 m. Ind. Medley	_____	
4 x 50 m. FS Relay	_____	
4 x 50 m. Med. Relay	_____	

(Club/Units can enter One Relay Team of 4 Members)

(Swimmer can enter in maximum 4 individual events)

Date :- _____ Signature of Competitor _____

Please return this Entry Form on or before 20th September 2015.
To, The Hon' Secretary, Karnataka Swimming Association, Bangalore- 560 001.

KARNATAKA SWIMMING ASSOCIATION (REGD)
17TH STATE MASTERS SWIMMING CHAMPIONSHIP – 2015
AT BASAVANAGUDI AQUATIC CENTRE, BANGALORE .
ORDER OF EVENTS

FIRST DAY :- 26th September 2015

MORNING SESSION :- 9.00 A.M.

1. 400 M. FREE STYLE	...	All Groups Men/Women	...	Time Trials
2. 100 M. BACK STROKE	...	All Groups Men/Women	...	Time Trials
3. 50 M. BUTTERFLY	...	All Groups Men/Women	...	Time Trials
4. 50 M. FREE STYLE	...	All Groups Men/Women	...	Time Trials

BREAK :

5. 200 M. IND. MEDLEY	...	All Groups Men/Women	...	Time Trials
6. 50 M. BREAST STROKE...	...	All Groups Men/Women	...	Time Trials
7. 4 X. 50 M. F.S. RELAY	...	All Groups Men/Women	...	Time Trials

SECOND DAY :- 27th September 2015

MORNING SESSION :- 9.00 A.M.

1. 200 M. FREE STYLE	...	All Groups Men/Women	...	Time Trials
2. 100 M. BREAST STROKE	...	All Groups Men/Women	...	Time Trials
3. 50 M. BACK STROKE	...	All Groups Men/Women	...	Time Trials

BREAK :-

4. 100 M. BUTTERFLY	...	All Groups Men/Women	...	Time Trials
5. 100 M. FREE STYLE	...	All Groups Men/Women	...	Time Trials
6. 4 x 50 M. MED. RELAY	...	All Groups Men/Women	...	Time Trials