

28th Annual Jack King One Mile Ocean Swim



**Sunday, June 26, 2011
10:00 a.m.
Virginia Beach, VA**

Hosted By VMST



Sanctioned by the Local Masters Swim Committee for Virginia (LMSC for VA) for USMS, Inc.

Sanction # 121-004

Entry Fee: \$25 if postmarked by June 6, 2011. \$30 after June 6 to June 24th, 2011. \$50 RACE DAY. T-shirts are guaranteed to swimmers who register by June 6, 2011. No Refunds.

Eligibility: Minimum age to participate is 18 as of June 26, 2011. All swimmers must be registered with USMS. Online registration is available on the web at www.usms.org. or contact:

Lisa Bennett, Registrar -11812 Winfore Drive - Midlothian, VA 23113 swimlab56@msn.com

NOTE: ALL ONE EVENT PASSES TO BE SENT WITH RACE APPLICATION TO JUNE MCDANIELS (see back)

Age Groups/Awards: Awards will be presented to the 1st – 6th place swimmers in each age group. Standard Masters age groups will be used (18-24, 25-29, 30-34 and so on in 5 year increments).

NOTE: Wet suits are allowed. However, no official time will be given and not eligible for awards.

Course: The start is in the water at 24th Street, swimming north parallel to the beach/boardwalk. The finish is on the beach at 38th Street. Buoys mark the start and finish. You must swim around the finish buoy before exiting the water.

Directions: From I-64 take Route I-264 East. When the expressway ends, you are on 21st Street. Take 21st Street to Atlantic Avenue. Turn left on Atlantic Avenue and follow to 24th Street.

Parking: Municipal lots are located at 19th and 25th Streets. The cost is \$7 for the entire day. Metered spots are located along Atlantic and Pacific Avenues as well as sides streets.

Inclement Weather: No rain date, No refunds due to weather.

General Race Information:

Swim caps will be provided to all entrants. Caps must be worn by all who participate. Water Temperature will be approximately 72 degrees or less. Trucks will be available at the start line to transport swimmers' bags to the finish line.

All swimmers must check-in race day at 24th Street on the beach. Restrooms and changing facilities are available at 24th Street Park. Check-in begins at 8:30 A.M. and ends at 9:30 A.M. A safety briefing will be held on the beach at 24th at 9:50 A.M.

For more information please contact:

June McDaniels: june@aquariusengineering.com or 757-496-2570

Hotel Information at: www.vbhotels.com / www.vbfun.com

Upcoming Events

Jim McDonnell Lake Swims

Sunday, May 28-29, 2011
Reston, Virginia

www.restonmasters.org

Chris Greene Lake 1&2-mile Cable Swim

Saturday, July 9, 2011
Charlottesville, Virginia
www.VASwim.org
or cableswim.org

JACK KING ONE MILE OCEAN SWIM ENTRY FORM

*** Please attach a copy of your USMS card or One Day Application here.***

Name: _____
(Last) (First)

Address: _____

City : _____ State: _____ Zip: _____ Phone: _____

Date of Birth: _____ Team: _____ Sex: M F (Circle One)

Entry Fee: \$ _____ T-Shirt: Small Medium Large X-Large (Circle One)

(\$25 Until June 6 / \$30 June 7 - June 24/ \$50 Race Day) *Make Check Payable to VMST. Mailed Entries due by JUNE 24, 2011.

E-Mail Address: _____

Include Entry Form, Signed Release, and copy of USMS Registration Card with check and mail to:

June McDaniels
 ATTN: Jack King Swim
 2400 Ketch Court.
 Virginia Beach, VA 23451

RELEASE: The following waiver must be signed and in the hands of the meet director before a swimmer may compete.

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 MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGE 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. Finally, I specifically acknowledge that I am aware of all the risks inherent in open water swimming, and agree to assume those risks.

Signature: _____ Date: _____ USMS # _____

For Use for Jack King Only. For other events, go to vaswim.org

2011 ONE EVENT REGISTRATION FORM

Make check payable to: LMSC for Virginia Mail To: June McDaniels, 2400 Ketch Court, Va Beach, VA 23451	 ONE EVENT MEMBERSHIP APPLICATION	Register with the same name you will use for competition. Print clearly.																			
	USMS Fee: <u> \$12.00 </u> LMSC Fee: <u> \$12.00 </u> TOTAL FEE: <u> \$24.00 </u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Last Name</td> <td style="width: 25%;">First Name</td> <td style="width: 10%;">Init</td> <td style="width: 40%;">For Office Use</td> </tr> <tr> <td>Street</td> <td colspan="2">Apt</td> <td></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td>Phone No.</td> </tr> <tr> <td colspan="4">Email Address</td> </tr> <tr> <td>Date of Birth Mo. Day Yr</td> <td>Age</td> <td>Sex</td> <td>Today's Date Mo. Day Yr</td> </tr> </table> <p style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;"> OEVT – One Event Membership Event Date: </p>	Last Name	First Name	Init	For Office Use	Street	Apt			City	State	Zip	Phone No.	Email Address				Date of Birth Mo. Day Yr	Age	Sex
Last Name	First Name	Init	For Office Use																		
Street	Apt																				
City	State	Zip	Phone No.																		
Email Address																					
Date of Birth Mo. Day Yr	Age	Sex	Today's Date Mo. Day Yr																		
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 MASTERS SWIMMING PROGRAM 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 _____																			