



Betsy Owens Memorial Two-Mile Swim

2005 USMS Two-Mile Cable National Championship

Mirror Lake in Lake Placid, New York

Saturday, July 16, 2005, 11 am



Sponsored by: Adirondack District Masters & North Elba Park District
Sanctioned by: ADMS for United States Masters Swimming, Sanction #035-002

Event: This will be a 2-mile swim, consisting of four laps around a quarter-mile course over an underwater cable marked with buoys. There will be two heats. The first heat will swim in a counter-clockwise direction starting at 11 AM; the second heat will swim in a clockwise direction upon the completion of the first heat.

Entries: There will be no race day entries. All entries must be received by **Tuesday, July 5**. LATE AND RACE DAY ENTRIES WILL NOT BE ACCEPTED. Entry fee is \$30.00. Fee includes a 100% cotton T-shirt. Indicate size on entry form. (For T-shirts larger than XL, please add \$3.00 and indicate size.) To guarantee T-shirt size, entry must be received no later than **Wed., June 29**.

Make checks payable to ADMS and mail to:
Mary Field, Race Director
366 Burgoyne Road
Saratoga Springs, NY 12866

Proceeds of the race will be donated to Gilda's Club in memory of Betsy Owens.

Check-in: Check-in will start at 9:15 AM. All swimmers in the first heat must check in by 10:30 AM; check-in for swimmers in the second heat will close at 11:45 AM for anticipated start at 12:15 PM, but not before the completion of the first heat.

Eligibility: Open to all swimmers 18 years & over as of July 16, 2005. All swimmers must be registered with USMS or MSC. You must submit a copy of your 2005 registration, or a completed One-event Registration Form (\$15), or a completed Annual Registration Form (\$30). Entries without a copy of the 2005 USMS/MS card or a completed registration form will be returned.

Safety: For safety reasons, swimmers who cannot complete 2 miles in 2 hours are advised not to enter. Swimmers still on the course after the time limit will be stopped. In the event of inclement weather, the race director may close the course and thereby prevent swimmers from completing the swim. Entry fee includes a highly visible swim cap that must be worn during the swim. No motorized craft are allowed on the lake. Paddlers will provide safety.

Water temperature: 70-80°F.

Wetsuits may be worn, but times will be posted in a separate category and are not eligible for USMS national championship awards or record consideration.

Seeding: Swimmers will be seeded fastest to slowest according to 1650 seedtime and be started 10 swimmers at a time. "No Time" entries will be seeded in the last wave of each heat.

Awards: National championship medals will be awarded to the top 6 men & women finishers in each age group: 18-24, 25-29, 30-34...100+. National championship patches will be awarded to the winner of each age group. There will be a separate category for wetsuits. Awards will not be mailed. Results will be posted at www.adms.org or sent to you if so indicated on the entry form.

Post-race Picnic & Awards Ceremony: Free for all entrants. Guests over age 10, \$3.00; please indicate number attending on entry form.

Accommodations: Lake Placid Visitors Bureau, 518-523-2445; Saranac Lake Chamber of Commerce, 518-891-1990. Quick links to Lake Placid websites at www.adms.org.

Directions: From South: Northway (1-87) to Exit 30. Follow signs to Lake Placid. From North: Northway (1-87) to exit for Keeseville and Ausable Forks, Rt 9N, to Rt 86 in Jay, through Wilmington into Lake Placid. From West: Take routes to Tupper Lake and Saranac Lake to Route 86 into Lake Placid. Village beach on Mirror Lake in town of Lake Placid is located near center of village and Main St. Street parking is available near the venue on day of event.

For more information, contact:
Mary Field, 518-356-9903 ext 14, or email frankfield@earthlink.net
Ann Svenson, stroke-editor@earthlink.net

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. *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: _____

ATTACH COPY OF USMS or MSC CARD HERE

Name: _____ E-Mail Address: _____

Birth date: ____/____/____ Age as of 7/16/2005: _____ Gender: ___ M ___ F

USMS/MS# #: _____ Club Name: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____ Country: _____

Emergency Contact: Name: _____ Emergency Contact Phone: _____

Check here if you want results sent via email **OR** Check here if you want results send via regular mail

HEAT # (Circle One)	HEAT DESCRIPTION	1650 YD TIME (Entries with no time will be seeded last)
1	Counter-clockwise (Left-side Breathers)	
2	Clockwise (Right-side Breathers)	

Check if you will wear a **wetsuit**
If you change your mind race day, please advise at check-in

\$30.00	Entry Fee Due by July 5 (or June 29 to guarantee T-shirt size)	_____	Completed entry form
\$ _____	T-Shirt (included in entry fee; additional shirts, \$12 each) Circle Size: S M L XL / XXL or XXXL (\$3.00 addl)	_____	Copy of USMS card
\$ _____	USMS 2005 Registration if required (\$30)	_____	Or
\$ _____	USMS One-Event Registration if required (\$15)	_____	1 Year Registration form
\$ _____	_____ # of Picnic Guests over age 10 (\$3 ea)	_____	Or
\$ _____	Total Enclosed (Check payable to ADMS)	_____	1 Event Registration form

MAIL COMPLETED ENTRY FORM AND PAYMENT TO:

Mary Field, Race Director
366 Burgoyne Road
Saratoga Springs, NY 12866

DEADLINE: MUST BE RECEIVED BY TUES JULY 5, 2005 (TO GUARANTEE SHIRT SIZE, BY WED JUNE 29)

2005 ONE EVENT REGISTRATION FORM



2005 ONE EVENT MEMBERSHIP APPLICATION

USMS Fee: \$8.00
LMSC Fee: 7.00
TOTAL FEE \$15.00

Register with same name you will use for competition. Print clearly.

Last Name	First Name	Init	For Office Use
Street	Apt		
City	State	Zip	Phone No. ()
Date of Birth		Age	Sex
Mo.	Day	Yr	Race Date Mo. Day Yr

OEVT - One Event Membership Event Date:

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 _____