

THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AT JOHNS HOPKINS "PLUNGE FOR PATIENTS" 2004 USMS ONE MILE NATIONAL CHAMPIONSHIP

Hosted by Morey's Piers

SPONSORED BY MARYLAND MASTERS

SANCTIONED BY DELAWARE VALLEY MSC

SANCTION NUMBER 084-0W001

Benefiting the Johns Hopkins Patient and Family Fund

In cooperation with the North Wildwood, Wildwood & Wildwood Crest Beach Patrols

Sunday, June 27, 2004

On-Site Registration: * 6:00 B 7:15 A.M.

Start Time: 8:00 A.M.

One Mile Swim Point to point swim

(Must register at beach tents by BIG ferris wheel, Schellinger Ave. and the Beach 30 minutes prior to start)

Location

Swim point to point.

Swimmers will be bussed from the registration area to the start of the swim, and will be bussed from the finish line back to the registration area. Swim bags will be transported from the start to the finish.

The course is 0.8 miles point to point, with a 0.1 mile swim out to a flag at the start and a 0.1 mile swim in from a double flag at the finish.

Water temperature is expected to be 60-70 degrees. No wet suits are allowed for the Masters National Championship.

There is a two hour time limit to complete the swim.

Swim bags will be transported from the start to the finish.

Safety

Lifeguards will patrol entire course.

Course will be well marked with flags.

Vehicles will patrol beach watching for swimmers who are unable to finish, and will transport them to the finish. **ALL**

SWIMMERS WHO DO NOT COMPLETE THE COURSE MUST TURN IN THEIR TAGS AT THE FINISH!

A triage tent provided by the National Guard will be at the finish line. The tent will be staffed by the ER staff of Burdette Tomlin Memorial Hospital. An ambulance will be available for transport to local hospital if necessary.

The beach patrol may cancel the swim for unsafe conditions.

There is no raindate but a beach party with lunch will take place at 11 AM.

Seeding:

Men and women will leave in separate heats. _____

Eligibility:

This event is open to all USMS registered swimmers 19 years of age as of June 27, 2004. Foreign swimmers must be current members of their swimming association. **A photocopy of your 2004 registration card must accompany the entry.**

Entry Fees:

Pre-registration Fee: \$20 per event B T-shirt guaranteed to pre-registered entrants! (Postmarked by 6/15/04). On-site registration fee: \$25 per event B T-shirts will be given to late and race day entrants while supplies last.

Awards

Male and female overall winners receive plaques; age groups receive medals (19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-75, 76-80, 80&).

Amenities

Tee shirts to all pre registered swimmers; race day registrants will receive tee shirts while they last.

All swimmers will receive a swim cap which must be worn during the race.

Water and fruit will be available at the finish.

A post race beach party will take place at 11 AM in the registration area, free to swimmers, \$5.00 donation guests.

♿ **Computer timing by L&M Computer Sports, "www.LMSPORTS.com" (Computerized race results posted on race day; results will be mailed free of charge).**

Housing and directions:

Call the Greater Wildwood Hotel and Motel Association at (800) 786-4546 or visit their web site at: <http://www.wildwoods.org>

A Plunge for Patients@ **USMS ONE MILE NATIONAL CHAMPIONSHIP**

Staff Initial: _____
Race No: _____

Last Name:						
First Name:						
Street:						
City:	State:			Zip:		
Age:	Sex:			Phone:		
Date of Birth:				Email:		
Please circle your T-shirt size:		S	M	L	XL	XXL
Enter the number of people attending the post-race party (Guests pay on race day):						
Please list any medical alerts or conditions below:						
USMS NUMBER (copy must accompany entry)						
USMS TEAM						
Physically challenged athlete with special needs?						

\$20 entry fee (per event) before June 15, \$25 entry fee (per event) after June 15. No extra charge for team entries. Your entry fee and donations are tax deductible and benefit The Johns Hopkins Patient and Family Fund.
Please make checks payable to:
“Johns Hopkins Medicine” and send to L&M Sports, 89 Park Dr., Berlin, NJ 08009

Waiver & Release: MUST SIGN THIS AND ATTACHED WAIVER		
<p><u>In consideration for accepting this entry and granting of the right to participate in this event, I, the undersigned, intending to be legally bound, hereby, for myself and my heirs, waive and release for any and all claims, damages, cost or expenses which may arise against personal damages I may have against The Johns Hopkins Oncology Center, the Cities of North Wildwood, Wildwood, and the borough of Wildwood Crest and the North Wildwood, Wildwood, and Wildwood Crest beach patrols, sponsors, event representatives, successors, and assignees and/or any other person whomsoever for any and all injuries, illness, including death that may result from my participation in said event. I represent and affirm that I am in proper physical condition to participate in this event as verified by a licensed physician and have sufficiently trained for the completion of this event. The undersigned has read and voluntarily signed this waiver and release.</u></p>		
Signature:		Date:

WEB SITE: <http://hopkinskimmeltcancercenter.org/admin/>.

Information about Morey=s Piers: please visit their homepage at “<http://www.moreyspiers.com>”

For additional information, please contact **Viki Anders** at **410-502-5395**, or send e-mail to **andervi@jhmi.edu**.

Special Thanks To: Morey=s Piers, the cities and beach patrols of Wildwood, North Wildwood, and Wildwood Crest, The Greater Wildwood Hotel and Motel Association, Kindle Auto Park, Parkway Veterinary Hospital, P.C., Shore Fresh Produce, Acme, The Sidney Kimmel Cancer Center at Johns Hopkins and staff volunteers, New Jersey Chapter American Red Cross, Burdette Tomlin Emergency Room Staff, New Jersey National Guard, Warner Productions and Entertainment, Marti Betz Design/Illustration

USMS RELEASE BY PARTICIPANT FROM LIABILITY

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 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. I also specifically acknowledge that I am aware of all risks inherent in open water swimming and agree to take those risks.

DATE _____

SIGNED _____

HOME PHONE _____ WORK

PHONE _____

EMERGENCY CONTACT _____ PHONE _____