



# North East Houston Aquatics Competitive Masters Swim

**“THE POWER BEHIND YOUR POTENTIAL”  
“MARCH MADNESS”**

Join Coach Denis for a special “March Madness” Competitive Masters Program. North East Houston Aquatics is pleased to expand our program to include USMS Masters training starting March 2nd on Tuesday and Thursday from 7:00 – 8:15 PM and Saturday from 7:15 – 8:30 AM.

Program Fees:

KAC Members: \$50.00 per month.

Non-Members: \$80.00 per month.

US Masters fees: Swimmers will register on line with USMS Masters/GULF individually.

Register now at the Hospitality Desk.

For more information contact Coach Denis at  
[dkaltchev@kaonline.com](mailto:dkaltchev@kaonline.com) or 281-358-7765 x228.

NEHA [www.nehaonline.net](http://www.nehaonline.net).  
KAC [www.kaonline.com](http://www.kaonline.com)  
806 Russell Palmer Road, Kingwood, TX 77339  
Ph: 281-358-7765 x227



## 2010 MASTERS MARCH MADNESS

### Waiver for Participants New to NEHA Masters

| <b>Swimmer's Personal Information</b>  |        | <b>Date:</b> |
|--|--------|--------------|
| Name: <i>(First, M, Last)</i> <span style="float: right;"><input type="checkbox"/> M <input type="checkbox"/> F</span> |        | Age:         |
| Address:   |        |              |
| Home Phone#:   | Email: |              |
| Mother's Name:   | Hm#    | Wk/Cell#     |
| Father's Name:   | Hm#    | Wk/Cell#     |

| <b>Emergency Contact Information</b> |               |
|--------------------------------------|---------------|
| Name:                                | Relationship: |
| Address:                             |               |
| Phone #:                             | Work/Cell#:   |

WAIVER OF LIABILITY: I hereby, for myself, my heirs, agents and administrators, waive and release any and all rights and claims for damages I may have against Kingwood Athletic Club, their sponsors, respective agents, representatives, successors, for any and all injuries suffered by me or my child during this event.

Name (Please Print) \_\_\_\_\_ Fee Paid \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent if under 18. \_\_\_\_\_ Date \_\_\_\_\_