

2008
Short Track
State Championship Meet
Lansing

SANCTIONED BY AND IN COOPERATION WITH
THE MICHIGAN SPEEDSKATING ASSOCIATION & US SPEEDSKATING

SPONSORED BY

Capital Area Speedskating Club

At

The Summit at the Capital Centre
9410 Davis Hwy Dimondale, MI 48821

Saturday, March 1st, 2008 @11:00 AM

CHECK IN FROM 9:00am – 10:45 am **WARM-UP AT 11:00 am** **RACING BEGINS @ 11:30 am**
There will be Special Needs Races, please indicate on the entry form if you are a special needs racer.
AWARDS: 1st, 2nd, 3rd, & 4th

ENTRY FEE: \$25.00 per skater (\$50.00 maximum fee per family). In addition, please add a \$10.00 Helmet Cover Deposit Fee per Skater. This will be returned to you at the end of the meet with the return of the Helmet Cover. Fee must accompany entry. Make checks payable to: *Michigan Speedskating Association*.

REGISTRATION CLOSSES AT 5:00 PM ON FRIDAY FEBRUARY 22, 2008. NO LATE ENTRIES PLEASE!
Meet Organizer: Corey Baker

Please Send Entry to: Lisa Lehman, 207 Hunters Ridge, Midland, MI 48640 Phone: (989) 832-2995
Email or Fax: lehmanfamily@charter.net Fax: (866) 463-4407

Convenient Lodging: Amerihost Hotel 9742 Woodlane Drive, Dimondale, MI 48821 517-721-0000

Please note that all skaters must be a registered member of the MSA and US Speedskating to participate.
111.12 METER TRACK. Equipment required: Long sleeve jersey, hard shell helmet, neck protector, shin guards & gloves. The race schedule will be per MSA requirements and may be changed at the direction of the sponsors or officials.

Cut along dotted line, return bottom portion of form with entry fee)

-----Short Track State Championship Meet - Release Form-----
March 1st, 2008

In consideration of the acceptance of my entry in the above event, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which may have, or which any hereafter occur to me as a result of my participation in said event. This release is intended to discharge in advance the promoters, sponsors and any involved municipalities of other public entities (and their respective agents and employees) from and against any and all liability arising out of or connected in any way with my participation in said event, even though the liability arises out of the negligence on the part of the persons or entities mentioned above. It is further understood and agreed that this waiver, release and assumption of the risk is to be binding on my heirs and assigns. I further agree to wear approved safety equipment consisting of protective head gear, gloves, neck protector, shin guards and shirts with long sleeves.

Applicants Signature _____ Parent/Guardian (if under 18) _____ Date _____

Please accept my entry in the above mentioned speedskating races.

Class: _____ Birth date ___/___/___ Age: ___ (as of 7/1/07)
Seed Time 500M (Midget and Up): _____ 222M (Pony and Younger): _____
Print Name: _____ Male: _____ Female: _____
Address: _____ City: _____ State: _____ Zip: _____
Club Affiliation: _____
Home Phone: (____) _____ Email: _____
U.S. Speedskating Member ID#: _____ =Special Needs Racer