

# United States Masters Swimming

## Mail To:

R. Baker Kearfott, SMS Registrar  
 106 Buckingham Drive  
 Lafayette, LA 70503  
 (questions to: rbk@louisiana.edu)



### 2008 One Year Membership Application

**2008 Registration Dues....\$40.00-check payable to Southern Masters Swimming**

**Note: The registration year begins November 1. People registering at that time will have valid registrations for the remainder of 2007, in addition to 2008.**

I wish to contribute \$\_\_\_\_\_ to the Southern Masters Swimming. I have added this amount to my registration fees.

I wish to contribute \$\_\_\_\_\_ to the United States Masters Swimming Foundation. I have added this amount to my registration fees.

I wish to contribute \$\_\_\_\_\_ to the International Swimming Hall of Fame Foundation. I have added this amount to my registration fees.

WAIVER: 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

LAST NAME	FIRST NAME	MI
STREET ADDRESS	HOME PHONE / WORK PHONE ( ) ( )	
CITY	STATE	ZIP
ARE YOU A MASTERS COACH?  NO <input type="checkbox"/> YES <input type="checkbox"/>	TEAM NAME (or leave blank)	TEAM ABBR
E-MAIL ADDRESS	DATE OF BIRTH	AGE
		GENDER M <input type="checkbox"/> F <input type="checkbox"/>

On rare occasions, USMS may need to inform me of an important issue, I DO/ DO NOT wish to receive them.

A USMS sponsor may wish to offer you information emailed from the USMS National Office, I DO / DO NOT wish to receive them. (**Email addresses are not supplied to the sponsor.**)

I DO / DO NOT wish to be on the local mailing list for Southern Masters Swimming (where we announce meets, etc.)

**IF THIS IS A RENEWAL, MY USMS NUMBER IS \_\_\_\_\_.**

Benefits of Membership include: A subscription to USMS's magazine, *USMS SWIMMER*, during the length of the membership year (\$8.00 of the annual dues is designated for the magazine subscription), and periodic mailings from the Local Masters Swimming Committee.

USMS Registered swimmers are covered with secondary accident insurance:

- 1) in practices supervised by a USMS member or USA Swimming certified coach where all swimmers are USMS registered.
- 2) in USMS sanctioned meets where all competitors are USMS registered.

Please allow 2 weeks processing time.