



2009 ONE YEAR MEMBERSHIP APPLICATION

_____ RENEWAL. My last USMS number was _____

_____ NEW APPLICATION.

Register with the same name you will use for competition.

PLEASE PRINT CLEARLY.

Last Name		First Name		Middle Init.
Street Address			Apt	
City		State	Zip	
Home Phone	Work Phone	Ext.	Cell Phone	Fax
E-Mail Address		Date of Birth		Age
		Mo	Day	Yr
Club Name			Today's Date (required)	

If you coach Masters Swimmers, please check here

LIABILITY RELEASE

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 of 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 (required) _____

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 (LMSC).

USMS Registered swimmers are covered with secondary insurance: 1) in practices supervised by a USMS member or USA-S certified coach where all swimmers are USMS registered; 2) in USMS sanctioned meets where all competitors are USMS registered.

If you wish to receive an emailed copy of the newsletter rather than via postal service please check here

USMS Fee: 11/1/08 to 12/31/09	\$25.00
LMSC Fee	15.00
Total Fee	\$40.00

Make check payable to WMSC

Mail this form and check to:
John Bauman-Registrar
 11917 W Rainbow Ave.
 West Allis, WI 53214-2166

I wish to contribute \$1.00 (or \$_____) to the United States Masters Swimming Foundation. I have added this amount to my 2009 fees.

I wish to contribute \$1.00 (or \$_____) to the International Swimming Hall of Fame Foundation. I have added this amount to my 2009 fees.