

2008 ONE YEAR UNITED STATES MASTERS SWIMMING MEMBERSHIP APPLICATION

Send this signed form and your fee, payable to "San Diego-Imperial Masters Swimming,"

to:

SAN DIEGO-IMPERIAL MASTERS SWIMMING
1511 MORENA BLVD
SAN DIEGO CA 92110

FEE \$ 40.00 (after 8/31/08, Fee is \$35) \$ _____

CONTRIBUTIONS:

- I wish to add a contribution of → → \$ _____
to the United States Masters Swimming Foundation
- I wish to add a contribution of → → \$ _____
to the International Swimming Hall of Fame Foundation
- I wish to add a contribution of → → \$ _____
to the SAN DIEGO-IMPERIAL LMSC

QUESTIONS, call 619-275-1292

Registration Cards will be mailed to you.

FOR OFFICIAL USE ONLY

TOTAL ENCLOSED \$ _____

San Diego-Imperial Local Masters Swimming Committee (SI LMSC)

2008 ONE YEAR USMS MEMBERSHIP APPLICATION (expires 12/31/08)

NEATLY PRINT below. Register with the **EXACT** name that you will use on entry forms for competition.

Have you ever been registered with USMS (circle)? **YES NO**

Neatly print your **2007** or most recent **USMS Membership Number:** _____

Last Name		First Name		MI
Street Address				
City/State/Zip			Phone (include area code)	
Date of Birth (mm/dd/yy)	Age	Gender (circle) M F	E-mail address	
Club Name or unattached			Today's Date (required)	

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 ACTIVITES. In addition, I agree to abide by and be governed by the rules of USMS.

Signature (required): _____

I wish to receive the **annual registration renewal form and LMSC newsletter**

_____ **by E-mail** _____ **by U.S. Postal Service** (please mark either email or USPS).

YES NO (circle) I wish to receive **important information from USMS by E-mail.**

YES NO (circle) I wish to receive **information from USMS sponsors by E-mail from the USMS Office.**

(Note: A USMS Sponsor may wish to offer you information. The sponsor information will be sent by the USMS National Office via E-mail. E-mail addresses are not supplied to the sponsor.)

_____ I am a Swimming Official with _____ I coach masters swimmers.

Membership benefits include: Eligibility to participate in USMS programs, a periodic LMSC mailing, & a subscription to *USMS SWIMMER*, the USMS magazine, during the length of the membership year (\$8.00 of the annual dues is designated for the magazine subscription).

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.

USMS issues permanent identification "numbers." Your membership number contains a permanent ID section that will not change and a variable section that represents your LMSC code, the year, and a variable letter or number character which changes yearly. Whenever you reregister or if you have lost your previous number, even if there has been a gap between registration years, it is important to notify the registrar that you were previously a member of (registered with) USMS.