



**2012 USMS MEMBERSHIP APPLICATION (membership expires 12/31/12)**  
**San Diego-Imperial Local Masters Swimming Committee (SI LMSC)**

mail fee (payable to "San Diego-Imperial LMSC")  
 and signed form to:

**SAN DIEGO-IMPERIAL LMSC**  
**5666 LA JOLLA BLVD, PMB 244**  
**LA JOLLA, CA 92037**

QUESTIONS, email SISecretary (at) usms (dot) org  
 Registration Card will be mailed to you.

DATE RCD _____	CHECK # _____
SEQ # _____	CHECK AMOUNT _____
REGISTRATION # _____	

**FEE \$ 46.00** (after 8/31/12, fee is \$41)  
 payable to "San Diego-Imperial LMSC" \$ \_\_\_\_\_

**CONTRIBUTIONS:**

- I wish to add a contribution of → → \$ \_\_\_\_\_  
to the USMS "Swimming Saves Lives" Fund
- I wish to add a contribution of → → \$ \_\_\_\_\_  
to the International Swimming Hall of Fame foundation
- I wish to add a contribution of → → \$ \_\_\_\_\_  
to the local governing body,  
SAN DIEGO-IMPERIAL LMSC

**TOTAL ENCLOSED** \$ \_\_\_\_\_

For on-line registration/membership, go to <https://www.clubassistant.com/club/USMS.cfm?L=44>

**2012 USMS MEMBERSHIP APPLICATION (expires 12/31/12)**

\_\_\_\_\_ **NEW REGISTRATION** (not previously registered with USMS)

\_\_\_\_\_ **RENEWAL REGISTRATION** **PRINT most recent USMS #:** \_\_\_\_\_

USMS membership numbers contain a permanent identification section and a variable section representing your LMSC code, the year, and a variable character. Whenever you reregister, please notify the registrar that you were previously a member of (registered with) USMS even if you do not know your permanent ID.

Register with the **SAME** name that you will use on entry forms for competition. Please print clearly.

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

**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**US Postal Mailings** \_\_\_\_\_ exclude USMS Swimmer Magazine \_\_\_\_\_ exclude Sponsor mail

**I am a member of** \_\_\_\_\_ YMCA \_\_\_\_\_ USA Swimming \_\_\_\_\_ USA Triathlon

**Coach** \_\_\_\_\_ I coach Masters swimmers **Certified Official** \_\_\_\_\_ I am a Certified Swimming Official

MEMBERSHIP BENEFITS include a subscription to the USMS magazine *SWIMMER* during 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.