



Arizona Membership Application

___ Renewal – my last USMS number was _____
 ___ New registration

Register with the same name you will use for competition. Print clearly.

Last Name		First Name		MI
Street Address				
City/State/Zip			Phone	
Date of Birth (mm/dd/yy)	Age	Sex (circle) M F	E-mail address	
Club SKYLINE MASTERS SWIM CLUB			Today's Date (mm/dd/yy)	
Workout Group SKYLINE MASTERS SWIM CLUB				

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. I grant permission to U.S. Masters Swimming and its affiliates to use my likeness and/or image in photographs, video, motion pictures, recordings, or any other record for legitimate purpose.

Signature (required): _____

_____ I wish to contribute \$1.00 (or \$ _____) to the International Swimming Hall of Fame Foundation. I have added this amount to my 2010 registration fees.

_____ I wish to contribute \$1.00 (or \$ _____) to the United States Masters Swimming Foundation. I have added this amount to my 2010 registration fees.

_____ I coach Masters swimmers.

Fees 11/01/2009 to 10/31/2010	
Club fee	\$0.00
USMS fee	\$27.00
LMSC fee	\$15.00
Total	\$42.00

Benefits of Membership include: A subscription to USMS's magazine, *USMS SWIMMER*, during the length of the membership, discounts on products and services, social events, 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.

Make check payable to:

Arizona LMSC

Mail check and completed form to:

Katy James
723 East Diamond Street
Tempe, AZ 85283
katyjameswims@hotmail.com