



2010 Membership Application

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

Register with the same name you will use for competition. Please 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 | |
| Workout group affiliation/ club affiliation | | | 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): _____

Use of Image/Likeness: 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.

Fees when registering between the dates

___ 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.

| 2010 Yearly Fees & effective date 11/1/09 to 12/31/10 | | End of 2010 Discount & effective date 9/1/10 to 12/31/10 | |
|--|----------------|---|----------------|
| USMS fee | \$27.00 | USMS fee | \$22.00 |
| LMSC fee | \$5.00 | LMSC fee | \$5.00 |
| Total Fee | \$32.00 | Total Fee | \$27.00 |

Total fee must be paid, Membership expires December 31st, 2009

I am a ___ Coach, ___ Certified Official

I am a member of ___ YMCA, ___ USA Triathlon,
 ___ USA Swimming

Occasionally through the year we may wish to send out email information about events, meetings or call for a vote on issues pertinent to Montana swimming, please indicate if you do not wish to receive that information from either the registrar or chair person. **DO NOT/ PLEASE DO send email information regarding Masters swimming.**

Benefits of Membership include: A subscription to USMS's magazine, *USMS SWIMMER*, during the length of the membership year (\$12.00 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.

Make check for total fees plus any donation amounts payable to: Montana Masters

**Mail check and completed form to: Ellen Parchen, registrar
 91 Campus Dr #1102, Missoula, MT 59801**